

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>PRAIRIE</b>	Township name <b>SWSWNW</b>	Fraction <b>1/4</b>	Section number <b>16</b>	Twp number <b>27</b>	Range number <b>11W</b>
Distance and direction from nearest town or city:				3 Owner of well: <b>HAROLD SCHRECK</b>		
Street address of well location if in city:				Address: <b>CUNNINGHAM KS</b>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>85</b> ft. Date of completion <b>2-27-75</b> Well diameter <b>8</b> in.		
<div style="text-align: center;">N</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>W</span> <span>E</span> </div> <div style="text-align: center;">S</div> <div style="text-align: center;">1 Mile</div>		<div style="display: flex; justify-content: space-between;"> <div>5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary</div> </div>		6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <b>PVC</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>3 1/2</b> in. Digm. <b>4</b> in. to <b>85</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>4</b> in. to <b>85</b> ft. depth		
2 Type and color of material			From	To	8 Screen: Manufacturer <b>Peerless</b> Type <b>160 PVC</b> Dia. <b>4"</b> Slot/gauze <b>0.35</b> Length <b>8 1/2</b> Set between <b>77</b> ft. and <b>85</b> ft. Fittings: <b>1 floor</b> Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <b>—</b>	
<b>CLAY</b>			<b>0</b>	<b>25</b>	9 Static water level: <b>46</b> ft. below land surface Date <b>2-27-75</b>	
<b>Med SAND</b>			<b>25</b>	<b>42</b>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>100</b> g.p.m.	
<b>CLAY</b>			<b>42</b>	<b>54</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
<b>Med SAND</b>			<b>54</b>	<b>65</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>20</b> inches above grade	
<b>CLAY</b>			<b>65</b>	<b>75</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>8</b> ft. to <b>10</b> ft.	
<b>Med-To coarse SAND</b>			<b>75</b>	<b>85</b>	14 Nearest source of possible contamination <b>None</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					15 Pump: <b>Wanmiller</b> <input type="checkbox"/> Not installed Manufacturer's name <b>Wanmiller</b> Model number ____ HP ____ Volts ____ Length of drop pipe <b>72</b> ft. capacity <b>5</b> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation				17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>LYMAN BROS</b> <b>140</b> Business name License No. Address <b>WANTHER HILL</b> Signed <b>Walter H. Lyman</b> Date <b>3-10-75</b> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5