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

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

WATER WELL RECORD
KSA 82a-1201-1215

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

SW NW SW NE

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Wichita	~~NE~~ ~~1/4~~ ~~SE~~ 1/4 ~~SE~~ 1/4	7	T28S	R1E

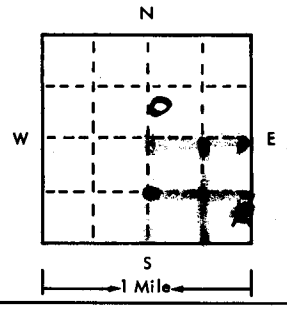
Distance and direction from nearest town or city:

Street address of well location if in city: 3521 S. Vine

3 Owner of well: C.S. Robinson

Address: 3521 S. Vine 67217

Locate with "X" in section below:



Sketch map:

~~NE 1/4 of~~ The
~~SE 1/4 of~~ The
~~SE 1/4~~ "

DDA

4 Well depth: 30 ft. Date of completion 4-17-75
Well diameter 9 in. Bore Hole

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☒ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☒ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material PVC Height: (above) below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight _____ lbs./ft.
6 in. to 0 ft. depth Drive shoe? ☐ Yes ☒ No
6 in. to 30 ft. depth

2 Type and color of material	From	To
Clay Dark Gray	0	3
Clay Light Gray	3	7
Clay & Sand mix	7	20
Gravel med	20	30

8 Screen:
Manufacturer Sunflower
Type PVC Dia. 6
Slot/gauze 3/16 Length 5 FT
Set between 25 ft. and 30 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
6 ft. below land surface Date 4-17-75

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 20 Direction S W Type CI sewer
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

(use a second sheet if needed)

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

Grade

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.
Rotherce Pump & Well 295
Business name License No.
Address 827 24th St So
Signed _____ Date 4-22-75
Authorized representative

J.J.R.

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

Form WWC-5

677-H