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

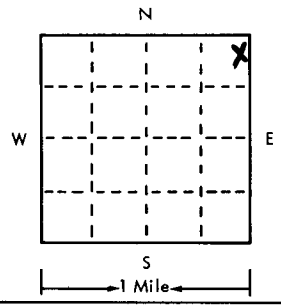
NE SE NE NE

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Riverside	~~NE¼ NE¼ NE¼~~	10	28S	1E

Distance and direction from nearest town or city: 3201 S.Hillside
Street address of well location if in city: Wichita, Kansas

3 Owner of well: Casion Club
Address: 3201 South Hillside
Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 43 ft. Date of completion 5-10-75
Well diameter 11 in.

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

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

7 Casing: Material Styrene Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight ___ lbs./ft.
5 in. to 43 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Dirt and Sandy Soil	0	3
Sandy Clay	3	18
Medium Fine Sand	18	24
Shale	24	43
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .005 Length 23'
Set between 20 ft. and 43 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4-1/8"

9 Static water level:
14 ft. below land surface Date 5-10-75

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

11 Water sample submitted:
☐ Yes ☐ No Date ___

12 Well head completion: capped
☐ Pitless adapter 1. 2 ☒ Inches above grade

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

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
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
☐ Certrifugal ☐ Other

16 Remarks: elevation Flat Ground
For Garden use and air conditioner use

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas 67209
Signed M. Arnell Date 5-11-75
Authorized representative

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

Form WWC-5

877-H