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

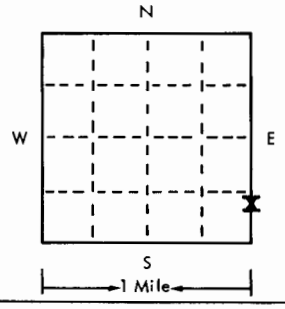
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Riverside	NE SE¼ SE¼	24	28S	1E

Distance and direction from nearest town or city: 5301 S. Woodlawn
Street address of well location if in city: Wichita, Kans.

3 Owner of well: Charles Smith
Address: 5301 South Woodlawn Wichita, Kansas

Locate with "X" in section below:



Sketch map: DUP

4 Well depth: 105 ft. Date of completion 7-15-75
Well diameter 11 in.

5 ☐ Coble 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 styrene Height above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight ____ lbs./ft.
5 in. to 105 ft. depth Drive shoe? ☐ Yes ☐ No
____ in. to ____ ft. depth

2 Type and color of material	From	To
Sandy Clay	0	45
Clay	45	65
Shale	65	105
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .005 Length 85'
Set between 20 ft. and 105 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1-1/8"

9 Static water level:
45 ft. below land surface Date 7-15-75

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:
☐ Pitless adapter 12 ☒ capped Inches above grade

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

14 Nearest source of possible contamination:
90 ft. Direction East Type Septic tank
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

16 Remarks: elevation

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. Arnold Date 7-16-75
Authorized representative

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

Form WWC-5

677-H