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

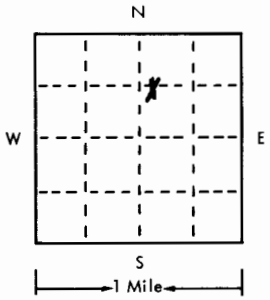
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano NW	SW¼ NE¼	19	27S	1W

Distance and direction from nearest town or city: 370 Shefford
Street address of well location if in city: Wichita, Kansas

3 Owner of well: Fred A. Isenhagen
Address: 953 Brown Thrush
Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 150 ft. Date of completion 7-3-75
Well diameter 11 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hallow 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. 5 in. to 150 ft. depth Weight _____ lbs./ft.
Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Top soil and Clay	0	20
Fine Sand	20	70
Blue Clay	70	115
Coarse Sand	115	145
Clay	145	150
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .005 Length 20'
Set between 130 ft. and 150 ft.
Fittings:
Grovel pack ☒ Yes ☐ No Size range of material 1-1/8"

9 Static water level:
20 ft. below land surface Date 7-3-75

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 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 12 ft.

14 Nearest source of possible contamination: Sewer
ft. 50 Direction East 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

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 Water well contractar'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 7-4-75
Authorized representative

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

Form WWC-5

677-H