		RECORD		WWC-5			vision of Water				
				ge in Well Use			sources App. No		Well ID	<u> </u>	
		VATER WEL	L:	Fraction			ction Number	Township Numb		ge Number	
County: SEDGWICK NW1/4 SE 1/4 NE 1/4							31 T 26 S R 1 □E ■ W				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: SOCORA HOMES direction from nearest town or intersection): If at owner's address, check here										heck here: [_]	
Address: 3222 N CHAMBERS											
Address: 727 N WACO, STE 400 City: WICHITA State: KS ZIP: 67203 WICHITA, KS 67205											
2 LOCATE WELL											
WITH				APLETED WE			t. 5 Latitud				
1	SECTION ROY: Depth(s) Groundwater Encountered: 1) ft.							ıde: <u></u>	<u></u>	(decimal degrees)	
2)								tal Datum: WGS 8		83 🛚 NAD 27	
	below land surface, measured on (mo-day-yr).12/27/201							for Latitude/Longitude		,	
	_	, measured on (m	no-day-y	л)	⊔ GP:	GPS (unit make/model:)					
NW-	NE	vater was ft.			i	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w E after hours pumping									ne Mapper:		
	Well water was ft.										
SW	Well water was ft. after hours pumping gpm						(F)			* 1 53 mod	
	Estimated Vield: 25+				gnm			6 Elevation:ft. Ground Level TOC			
	S Bore Hole Diameter:10.5 in. to										
1 mile in. to ft.											
7 WELL WATER TO BE USED AS:											
_	1. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?										
	☐ Household 6. ☐ Dewatering: how many wells? Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
_	Lawn & Garden 7. Adulter Recharge: Well ID							☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?			
_	2. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical				
	3. Feedlot Air Sparge Soil Vapor Extra						b) Open Loop Surface Discharge Inj. of Water				
4. Indust			Recovery					er (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
Water well disinfected? Yes \[\] No											
8 TVPE OF CASING USED: Steel PVC Other CASING IOINTS: Cloud O Clemed O Welded O Throught											
Casing diameter 5 in to 60 ft. Diameter in to ft. Diameter in to ft.											
8 TYPE OF CASING USED: Steel PVC Other											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From .45 ft. to .60 ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic			on: Lateral Line	s 🔲 Pit P	rivar	<u></u>	Livestock Pens	□ Incecti	cide Storage		
Sewer			Cess Pool	Sewa	age Lag		Fuel Storage		oned Water \	Well	
	tight Sewer L		eepage Pit				Fertilizer Stora		ell/Gas Well		
Other (Specify) Direction from well? NORTH Distance from well? .27											
Direction fr	om well? .NO	DRTH		Distance fi	rom we	1? .2.7					
10 FROM	TO		ITHOLOG	GIC LOG		FROM	TO L	ITHO. LOG (cont.) or	PLUGGING	3 INTERVALS	
0		TOP SOIL									
1		CLAY									
22		MED GRAVE	<u> </u>					M			
40		MED SAND									
50		CLAY									
50	60	MED SAND									
	Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .12/27/20.16 and this record is true to the best of my knowledge and belief.											
under my j	urisdiction a	nd was comple	eted on (m	no-day-year) .12	441.141	/.(D and	this record is	rue to the best of m	y knowledg	e and belief.	
under the b	uer well Co	uracior's Lice	IISE NO. 9 SER DRI	LLING II C	us wat	tr well Ke	cord was comp	ted on (mo day-y	ear) .u.j.v(2	Λ1γ	
Mail	l white copy al	ong with a fee of \$	5.00 for eac	h constructed well t	to: Kans	as Departmen	t of Health and En	vironment. Bureau of W	ater, GWTS S	ection.	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											
Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											