4 1004	1011 05 111		TER WELL RE	CORD	Form	WWC-5			D No						
LOCATION OF WATER WELL:			Fraction					ection Numb		Township N		Range Number			
				4 SW	1/4		,, ,	25		- 8	s l	R	196	E/W	
		from nearest tow ast of W	-		of well it	f located	within city?								
2 WATER	R WELL OW	NER: Larry	Incheste Z Coppin	r											
	ddress, Box	# · 17/7	y Coppin	ger	_					D = = = d = d = d = d			f Mater D		
City, State,	,		2 K 192			_				Board of Ag Application	griculture, D	ivision o	t water He	sources	
		· WINCI	nester, 4 DEPTH OF	KS. 6	1609		120	# ELE							
	WELL'S LO SECTION	CATION WITH													
AN A III	N SECTION	BOX.	Depth(s) Grou				1 1 ft be								
						surface measured on mo/day/yr									
Lest. Yie				t. Yield7 gpm: Well water wasft. after hours pumping gr											
	-NW -	-NE	WELL WATER				Public water	, , <i>,</i>		conditioning	•	jection w		•	
14/		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well													
W	1	<del></del>	2 irrigation	1 4 1	naustria	u /	Domestic (ia	iwn & garde	n) 10 Mor	iltoring well	l				
	1	<u> </u>													
	-SW -	- SE		al/bacteri	ological	sample	submitted to	mitted to Department? Yes NoX; If yes, mo/day/yrs sample was s Water Well Disinfected? Yes x No							
mitted			mitted					Water Well Disinfected? Yes X							
	S														
5 TYPE C	OF BLANK (	CASING USED:		5 Wrought iron			8 Cond	rete tile	С	ASING JO	INTS: Glued	1X	Clamped		
1 Steel 3 RMP (SR)						9 Othe	9 Other (specify below)								
2 PVC 4 ABS				7 Fiberglass											
Blank casin	in. to	•••••	fi	t., Dia		in. to		ft., Dia	a	i	n. to	ft.			
Casing heig	in., weight			2.82		lbs./ft. \	Wall thickne	ess or guag	e No	.258					
TYPE OF S				7 P			10 Asb	estos-Cem	ent						
1 Steel 3 Stainless Steel				5 Fiberglass				MP (SR)			er (Specify)				
2 Bras		4 Galvaniz		6 Concrete tile			9 A	BS		12 Nor	ne used (op	en hole)			
SCREEN C	R PERFOR	RATION OPENIN	IGS ARE:			5 Gua	zed wrapped	l		w cut		11 Nor	ne (open h	ole)	
	tinuous slot	3 M		6 Wire wrapped				9 Dr	illed holes	,					
2 Louv	ered shutte	r 4 K	ey punched	e-		7 Torci					y)				
SCREEN-F	PERFORATE	ED INTERVALS:					<u>U</u>								
_	DAVEL DA	01/ INITED. (A) 0	From		••••••	ft. to	4.00	ft., Fr	om		ft. to			ft.	
٠	ARAVEL PAG	CK INTERVALS:					1.20								
			1 10111			11. 10		IL., FI	0111		11. 10				
GROUT MATERIAL: 1 Neat cement				2 Cement grout			3 Be	ntonite	4 Other						
_ Grout Inten	vals: Fron	n0							ft	From		. ft. to		ft.	
		urce of possible			.,				estock per						
1 Septic tank 4 Lateral lines					7	Pit privy						Abandoned water well Oil well/Gas well			
2 Sewer lines 5 Cess po				1 ,								Other (specify below)			
3 Watertight sewer lines 6 Seepag							-			ecticide storage			Pond		
Discribed for the HO					3 1	Cedyar	u		nany feet?	•	•••••				
FROM	TO	<b>3580</b> 1150	uthEast LITHOLOGI	CLOG			EDOM	TO	nany leer:	60'	JGGING IN				
				C LOG			FROM	+		PLU	JGGING IN	IERVAL	5		
0	_2	top soi					99	108			brown				
2	- 6	clay br					108_	110		e grey					
6	32	clay ta	n sandy	silt	у		110	115	limes	tone k	rown				
32	35	clay gr	еу				115	120	shal	e grey	7				
35	_36	limesto	ne K ye	ellow											
36 40	40 42	shale t limesto													
42	44	shale g													
44	46	limesto	ne grey												
46	49	sandsto	ne grey	ceme	nted										
49	87	shale q													
87	91		ne grey	sha]	ev										
91	96		ne grey		· <u>.</u>										
<b>69</b> 96	99	limesto													
				TION: T	vio+-	المبيرين	upp (4) ==== 1	mustard /O\		nd a= (0)	l				
ompleted a	n (ma/dau/-	R LANDOWNEI	8-3-04	ATION: If	iis wate	r well w	as (1) const	ructed, (2) r	econstructe	ea, or (3) p	lugged und	er my ju	risdiction	and was	
Vater Well (	n (mo/day/y) Contractor's	ear) Licence No	18	32	ть	io Moto-	Mol Bass	and this	eted on (=	ue lo the be	estormy Kno	owieage	and delief	. nansas	
inder the hi	usiness nam	e of	Strador	D~+1.	IN	o vvaler	vven mecord	ı was compl ı	etea on (me by (signatur	o/uay/yr)	<u>o:-(</u>	4		•••••	
			Strader	DT TT.	TTIIG	CO.	, inc.		y (signatul	" Mm	M	all.	,		

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.