WELL WATER TO BE USED AS: SW - SE - Seed lot 1 Domestic 3 Feed lot 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted 5 Water Well Disinfected? Yes X No TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) PVC 4 ABS 7 Fiberglass Threaded Iamk casing diameter 4.5 In. to 115 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 18 in., weight 2.38 bs./ft. Wall thickness or gauge No. 248 YPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-Cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 1 CREEN-PERFORATED INTERVALS: From 115 ft. to 155 ft. From ft. to ft.					ATER WELL RECO	RD Form	WWC-5	KSA 82a	-1212 ID No		
WATER WELL OWNER: Eric Peterson R. S. Address, Box # 2101 Broken Bow Board of Agriculture, Division of Wilder Renewspress S. S. Address, Box # 2101 Broken Bow Application Number; \$2,005 pt. 9	1 LOCATION	OF WATE					Sect			ber	Range Number
WATER WELL OWNER: Eric Peterson Rs. St. Address, Box # 2101 Broken Bow Boart of Agriculture, Division of Water Rencyment Ns. State, Zirc Code Monument, Xs. 67747 Application Number: 2005 29.5								11	т 12	s	R 34 E/W
RR St. Address. Box # 2101 Broken Bow Spart of Agriculture. Dirigion of Water Recurrent No. State Spart of Agriculture. Dirigion of Water Recurrent No. Spart No. 2	Distance and	direction from	n nearest tow	n or city street	address of well if	located with	in city?				9
RR St. Address. Box # 2101 Broken Bow Spart of Agriculture. Dirigion of Water Recurrent No. State Spart of Agriculture. Dirigion of Water Recurrent No. Spart No. 2	2		- C-1	A							
### Subset Property Property											, .
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SW SE Est. Yield General Section Sec		Nina I		P	ump test data: V	Vell water w	as		ft. after	hours pu	mping gpm
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) and this record is true to the best of my knowledge and belief. Kansas vater Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) Inder the business name of Woofter Pump & Well Inc. INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three cooles to Kansas Department of Health and Environment Surray of Water (1000 S.W.)			Cla	ay				1			
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Vater Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 10-7-15- INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three cooles to Kansas Department of Health and Environment Surreau of Water / 1000 S.W.				19	1-24-05	`					1
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Surrect (1000 S.W.)											
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Surrau of Water 1000 S.W.						. Wall In					
Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5645. Send one to WATER WELL OWNER and retain one for your records.	INSTRUC	CTIONS: Pla	ase fill in blank	s and circle the	correct answers	and three over	ies to Kane	as Denartm	oy (signature)	ment Jun	Pau of Water (1000 S W
	Jackson	St., Ste. 420,	Topeka, Kansa	s 66612-1367.	Telephone: 913-29	6-5545. Sen	d one to W/	TER WELL	OWNER and retain one	for your re	cords.