	WATER WELL PLUGGING RECO	RD Form WWC-5P KSA	N82a-1212 ID NO. —	
1 LOCATION OF WATER WELL: County: Riley	Fraction SE1/4 NW/4 NW/4	Section Number	Township Number	Range Number
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: Wietus Fanily LC Go Gay Hagener  RR #, St. Address, Box #: 15373 Wietes Rd Board of Agriculture, Division of Water Resources  City, State, ZIP Code: Kandolph KS 6655 4 Application Number:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	<b>33</b> t		
N N E	WELL'S STATIC WATER  WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial  Was a chemical / bacteri If yes, mo/day/yr sample	5 Public Water Supp 6 Oil Field Water Su 7 Domestic (Lawn 8 8 Air Conditioning ological sample submitte	pply 10 Monit k Garden) 11 Inject 12 Othe be to Department?Yes	oring Well ion Well r. Has not 109
Water Well Disinfected: Yes No				
TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter				
	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard Current Livestock pens	<b>~</b> /	geage age er well	
FROM TO PLU	JGGING MATERIALS			
0.4	Sand Stone tonite L full dirt			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year) under the business name of by (signature) by (signature)				
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.				