	WATER WELL PLUGGING RE	Form WWC-5P	KSA 82a-1212 ID N	10.00000000000000000000000000000000000
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Andlison	NW/4 NW/4 NW 14 SW	3 ₀	QD	20 BW
Distance and direction from nearest town or city street address of well if located within city?				
EZ Start - 4205. Maple; Garrett, Ks.				
WATER WELL OWNER: Shall Oll Products U.S. BR # St Address Box #: 308 Willow # 101 Board of Agriculture Division of Water Becourses				
City, State, ZIP Code : Cartle Rock, Colo 80/04 Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft.				
AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL 6.1.4 ft.			
	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply	2 Dewateri	ng
	2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	ly (10) Monitorir	ng Weil
W	E 4 Industrial	8 Air Conditioning		vveii
Was a chemical / bacteriological sample submitted to Department? Yes				
SW ————————————————————————————————————	If yes, mo/day/yr sample was submitted			
S	Water Well Disinfected: Yes	s NoX		
3				
TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter 2.0 in. Was casing pulled? Yes X No				
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From				
What is the nearest source of possible contain ation:				
		Fuel storage 12 Fertilizer storage	16 Other (spe	cify below)
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well				
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	VOII	
Direction from well? East How many feet? 20'				
FROM TO	PLUGGING MATERIALS	Flush Mt	. Manway u	vas removed
10' 6" Benta	orto	te. Flush Mt. Manway was removed a"PUL Pipe was pulled out Boundle was drilled out to T		
6' O Cemen	T.	Bouball	was dille	ed out to TI
G CONTON			2 0000	
CONTRACTOR'S OF 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. 13.2				
by (signature) . Common Bubble				
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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.				