1	LOCAT	ION OF WAT	ER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
Co	J unty: 🎜	edywic	K		NW45W 45E 4	4		2.	7 5	1	. E/y	
	tance and	direction from	pearest town	or oi	ty etroot address of wall if loo	ated within cit	y?		18.1			
1080' Not 3W corner of ElDaso Poperly off of 215T st.												
2												
RR #, St. Address, Box #: Z N. Ne vc do  City, State, ZIP Code : Celerado Sprincs Co. 80903 Application Number:												
3	MARK	WELL'S LOC	ATION WITH		4 DEPTH OF WELL	33.4	ft.					
		IN SECTION			WELL'S STATIC WATER LEVEL 12.4 ft.							
					WELL WAS USED AS:							
	NW		— NE ———		1 Domestic 2 Irrigation 3 Feedlot	6 Oil Fi	: Water Supply eld Water Supp estic (Lawn & G	oly	9 Dewateri 10 Monitorii 11 njection	ng Well		
W				E	4 Industrial	8 Air Co	onditioning	·	12 Other			
	sw	×	— SE ——		Was a chemical / bacteriological sample submitted to Department? Yes							
	Water Well Disinfected: Yes No											
5	5 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												
			teri e or <u>below</u> lan		Was casing pulled?	Yes!	No	If	yes, how mu	ich3		
6	GROU	T PLUG MATI			at cement 2 Cement gro			Other				
		Plug Intervals: the nearest:			. 3. 4. ft. to 3 ft. contamination:	., From	ft. to	o ft.	, From	to	) :	
	1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy						Tuel storage 16 Other (specify below) 12 Fertilizer storage					
	4 La	atertight sew ateral lines	er lines		<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water well</li></ul>						
5 Cess pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? — St — How many feet? — Uarious												
	Directi		C9.57		How many	/ feet? <i>U.</i> !	arrous					
	FROM	то		PLL	JGGING MATERIALS							
34.3		3	Me	at	Cement							
		0	10	D_	<i>Do / /</i>							
-			,	_								
					i .							
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)												
by (signature) Launce Chil 37em 301												
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct												
ar	nswers. Se	end top three	e copies to k	ans	point pen. <u>Please press fir</u> as Department of Health a 67. Telephone: 785/296-55	ind Environm	ent, Bureau o	of Water, Ge	ology Section	on, 1000 SV	V Jackson	