	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	VO
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gove	NE 14 SE 14 NE 14	31	11	26 EW
Distance and direction from nearest town or	city street address of well if loc	ated within city?		
I-70 and Castle Rock Road, Quinter			-	·
1	l Mart #2506			
RR #, St. Address, Box #: City, State, ZIP Code : Colora	do Springs, CO 80903	Application Number	, Division of Water Fesour	C66
3 MARK WELL'S LOCATION WITH	1 ' 1	5.00 n		
AN "X" IN SECTION BOX:	WELL'S STATIC WATE	ER LEVEL ft.		
	WELL WAS USED AS:			
NW NE	1 Domestic	5 Public Water Supply	9 Dewater	
	2 irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G		ng Well MW-5 Well
w	4 Industrial	8 Air Conditioning	12 Other	
SW SE	Was a chemical / bacteriok	ogical sample submitted to De	partment? Yes	No
		as submitted	B******	
S	Water Well Disinfected: Y	Ba		
5 TYPE OF BLANK CASING USED:				
	Vrought 7 Fiberg	ass 9 Other (Specify be	elow)	
	Asbestos-Cement 8 Concre	rte Tile	******************************	
Blank casing diameter in. Casing height above or Delow land	Was casing pulled?	Yes No		ıch <u>3'</u>
CDOLIT BLUG MATERIAL: 1	Neat cament 2 Cement or			The state of the s
• • •	3 to 75 ft		ft., From	
What is the nearest source of possi-	ble contamination:			•
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	ecify below)
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	•	
4 Lateral lines 5 Cess pool	9 Feedyard 10 Livestock pens	14 Abandoned water v 15 Oil well/Gas well	vell	•
Direction from well?	How man	y feet?		
	PLUGGING MATERIALS			
0 3 native soil			• .	
3 75 bentonite	grout and hole plug		•	
				•
				·
7 CONTRACTOR'S OF LANDOW	NER'S CERTIFICATION: Thi	s water well was plugged	under my jurisdiction s	and was completed on
(mo/day/year)3/21/13		and this record is true	a to the best of my knowle	adra and hallef: Kanene
Water Well Contractor's License No. 3/4/13 under	the business name ofMIL	CO Environmental Services, I	er weii kecord was com	pieted on (mo/day/year)
by (signature)	and the state of t		**********************	***************************************
INSTRUCTIONS: Use typewriter or to answers. Send top three copies to K	pall point pen. <u>Please press fi</u>	rmly and print clearly. Plea	se fill in blanks, uncerlin	ne or circle the correct
St., Ste. 420, Topeka, Kansas 66612	ansas Department of Health 1 -1367. Telephone: 785/296-5	522. Send one to Water W	ਸ vvater, Geology Section deli Owner and retain on	on, 1000 SW Jackson 18 for your records.