				WATER WELL FLUGGING H		C-OP NOA 628	1212 10 1		
1 LOCA	TION OF WAT	TER WELL:		Fraction	Section Number	er Township	Number	Range	Number
County: Ellis				SE 14 SW 14 SW 14	28	13	3	18	E.V
			or c	ty street address of well if loca	ated within city?				
	7th Street; Hay								
2 WATE	R WELL OW			Iart #2502 Vevada					
	St. Address, Boate, ZIP Code	ox #: Colo		Springs, CO 80903	Application Nu			:08	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF WELL .56.55 ft.  WELL'S STATIC WATER LEVEL .41.35 ft.					
		T	1	WELL WAS USED AS:					
N	w——	NE		1 Domestic	5 Public Water Su	apply	9 Dewateri	na	
	ï l	1		2 Irrigation	6 Oil Field Water 7 Domestic (Lawr	Supply	10 Monitorin	g Well	
w			E	3 Feedlot 4 Industrial	8 Air Conditioning		Injection 12 Other		
s	Was a chemical / bacteriological sample submitted to Department? Yes								
5 TYPE	OF BLANK C	ASING USED	:						
1 Ste	el 3RM	MP (SR) 5	Wro	ught 7 Fibergla	sa 9 Other (Spec	city below)			
2 PV		S 6		estos-Cement 8 Concret Was casing pulled?	./	No If	yes, how muc		
Casir	ng height abov	e or below lan	nd sur	face36 i	n.		,	// / ///····	
•	JT PLUG MAT Plug intervals	_		at cement 2 Cement ground 40	Bentonite Fromft.	4 Other ft.			ft
What	is the nearest	source of pos	eldia	contamination:					
	Septic tank Sewer lines			6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer stora		6 Other (spec		
3 Watertight sewer lines				8 Sewage lagoon 13 Insecticide storage					*******
4 Lateral lines 5 Cess pool				9 Feedyard 14 Abandoned water well 10 Livestock pens 15 Oil well/Gas well					
Direc	tion from well	7		How many	feet?				
FROM TO P			PLI	IGGING MATERIALS					
0	3	native so	il						
3	40	bentonit	e						
40	56.55	sand							
7 CON	TRACTOR'S	OF LANDO	WNE	R'S CERTIFICATION: This	water well was plug	iged under my it	risdiction an	d was com	no betelor
(mo/d	lay/year)		•••••		and this record is	s true to the best (	or my knowiec	ige and bell	et. Kansas
Water 9/29	Well Contract	Dride	en The	fusiness name of	MILCO Environments	d Services, Inc.	was compl	erea ou (ma	/day/year}
by (s	ignature) 🔙		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>		***************************************			
INSTRUC	TIONS: Use	typewriter or	ball	point pen. Please press firm	nly and print clearly.	Please fill in blan	ks, underline	or circle th	e correct
				as Department of Health at					