WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.								
1		N OF WAT	TER WELL:	Fraction • 1/4 1/4 S	E 1/4	n Number 5	T 20 S 3 E 7 W	
	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Clobal Positioning Systems (GPS) information: Latitude: 38 20.196 = 38.3366 N (in decimal degrees)							
No	North of Frontier Rd. on 14th Ave., McPherson Collection Method:							
2	WATER WELL OWNER: El Paso Merchant Energy RR#, St. Address, Box #: 2 N. Nevada Ave. City, State ZIP Code: Colorado Springs CO 80903 Est. Accuracy: Colorado Springs CO 80903 Est. Accuracy: Colorado Springs CO 80903 Colorado Spr							
3 W	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N						Dewatering Apply Garden) Dewatering Monitoring Injection Well Other	
5 TYPE OF BLANK CASING USED:								
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) Asbestos-Cement Concrete Tile Blank casing diameter 1 in. Was casing pulled? Yes No If yes, how much 3' bgs							
	Casing height above or below land surface in.							
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other								
Grout Plug Intervals: From 3 ft. to 83 ft., From ft. to ft., From to ft.								
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Fertilizer storage Watertight sewer lines Lateral lines Feedyard Cess pool What is the nearest source of possible contamination: Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well How many feet?							
	FROM	ТО	PLUG	GING MATERIALS	FROM	TO	PLUGGING MATERIALS	
	0	3	Native soil					
	3	83	Bentonite				VALED 10	
	,						VMP04C NCRA Plugged	
							TVOTOA T lugged	
				1				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/29/2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 . This Water Well Record was completed on (mo/day/year) 9/8/2011 under the business name of GeoCore Inc. by (signature)								
INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html.								
Check one: White Copy Blue Copy Pink Copy								