



STATE OF  
COLORADO

Lennberg - DNR, Patrick <patrick.lennberg@state.co.us>

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## M-1999-098 Technical Revision 4

1 message

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**Wyatt WEBSTER** <wyatt.webster@holcim.com>  
To: "Lennberg - DNR, Patrick" <patrick.lennberg@state.co.us>

Thu, Jun 20, 2024 at 8:10 AM

Patrick,

In response to TR-4, please find the abandonment reports for MW's 3, 7, 8, 9, 10, 11. Also, please find the reinstallation application for MW3.

Thank you,

**Wyatt Webster**  
Environmental & Land Manager  
Holcim - WCR, Inc.  
1687 Cole Blvd., Suite 300  
Golden, CO, 80401  
United States  
Phone (702) 379-4623  
[wyatt.webster@holcim.com](mailto:wyatt.webster@holcim.com)  
[www.holcim.us](http://www.holcim.us)



BUILDING PROGRESS FOR  
PEOPLE AND THE PLANET.

This email is confidential and intended only for the use of the above named addressee. If you have received this email in error, please delete it immediately and notify us by email or telephone.

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### 8 attachments

-  **AddInfoReq\_GW2024\_M1999098.pdf**  
280K
-  **Holcim Well abandonments MW8.pdf**  
412K
-  **Holcim Well abandonments MW3.pdf**  
412K
-  **Holcim Well abandonments MW9.pdf**  
560K
-  **Holcim Well abandonments MW10.pdf**  
412K
-  **Holcim Well abandonments MW7.pdf**  
412K
-  **Holcim Well abandonments MW11.pdf**  
412K
-  **MW3\_New Install.pdf**  
141K

May 28, 2024

Neil Whitmer  
Holcim – WCR, Inc.  
1687 Cole Blvd., Suite 300  
Golden, CO 80401

**Re: Additional Information Required, Annual Groundwater Level Data for 2023-2024,  
Riverview Resource, Permit No. M-1999-098**

Dear Mr. Whitmer:

On May 23, 2024, the Division of Reclamation, Mining and Safety (Division/DRMS) received your Annual Groundwater Level Data for 2023-2024 from the Riverview Resource. After review of the submission the Division has additional items that need to be addressed or clarified.

1. At the bottom of the table provided the Operator states that three wells have been destroyed, MW 3, 8, and 10. The destroyed wells will need to be reinstalled or the groundwater monitoring plan needs to be updated to account for their removal from service with suitable justification for not reinstalling them.

Please respond to these items within 30 days of the date on this letter, by **June 27, 2024**. The Division reserves the right to further supplement this document with additional items and details as necessary.

If you need additional information or have any questions, please contact me by telephone at 303-866-3567 x8114, or by email at [patrick.lennberg@state.co.us](mailto:patrick.lennberg@state.co.us).

Sincerely,



Patrick Lennberg  
Environmental Protection Specialist

cc: Jared Ebert; DRMS

ec: Neil Whitmer, Holcim – WCR, Inc., [neil.whitmer@holcim.com](mailto:neil.whitmer@holcim.com)



Form No GWS-09  03/2017	STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 <a href="http://dwr.colorado.gov">dwr.colorado.gov</a> and <a href="mailto:dwrpermitsonline@state.co.us">dwrpermitsonline@state.co.us</a>	For Office Use Only
<b>WELL ABANDONMENT REPORT</b>		
Use to report plugging and sealing of permitted wells, monitoring and other holes. Type or print in black or blue ink. Instructions and plugging standards are on reverse side		
1. Well Permit Number of plugged well _____ or MH File Number MH- _____ Owners Well Designation- _____ SSSSSSSSSSSS Receipt Number: _____		
<b>2. Individual/Company responsible for plugging and sealing the well:</b> Name(s) _____ License # _____ Mailing Address _____ City, St., Zip _____ Phone (_____) _____ Email _____		
3. Well (Hole) Owner: Name(s): _____ Phone: (_____) _____ Email: _____ Mailing Address, City, St., Zip: _____		
4. Well Location Address: _____		
5. GPS Well Location: County _____ UTM <input type="checkbox"/> Zone 12 or <input type="checkbox"/> Zone 13 Easting _____ Northing _____		
6. Legal Location: ___ 1/4 of the ___ 1/4, Sec ____, Twp ____ N or S ____, Range ____ E or W ____, P.M. Distance from Section Lines _____ Ft. From ____ N or S ____, _____ Ft. From ____ E or W ____ Line. Subdivision Name _____ Lot _____, Block _____, Filing/Unit _____		
7. I/we report the existing well/hole was plugged and sealed on _____ (date) for the following reason(s): ___ The well was plugged and sealed as required under Well Permit Number _____. ___ The well was not in use and was plugged and sealed. ___ Other (please explain) _____		
8. Aquifer Type: <input type="checkbox"/> Type I (One Confining Layer) <input type="checkbox"/> Type I (Multiple Confining Layer) <input type="checkbox"/> Laramie-Fox Hills (check one) <input type="checkbox"/> Type II (Not Overlain by Type III) <input type="checkbox"/> Type II (Overlain by Type III) <input type="checkbox"/> Type III (alluvial)		
<b>9. Intervals of Casing Removed/Ripped:</b> from _____ feet to _____ feet,    from _____ feet to _____ feet,    from _____ feet to _____ feet, from _____ feet to _____ feet,    from _____ feet to _____ feet,    from _____ feet to _____ feet,		
<b>10. Amount and Type of Material</b>	<b>Method of Placement</b>	<b>Interval</b>
_____	_____	from _____ feet to _____ feet
_____	_____	from _____ feet to _____ feet
_____	_____	from _____ feet to _____ feet
_____	_____	from _____ feet to _____ feet
I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be in compliance with Rule 17.4.		
11. Signature(s)  _____	Please Print the Name, Title, & License No.  _____	Date  _____
It is the responsibility of the well owner to have the well/hole properly plugged and sealed. The Well Construction Contractor is responsible for notifying the owner of this requirement in writing.		

## Instructions

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If filing online please see the [FORM SUBMITTAL, PAYMENT OPTIONS, & FEE SCHEDULE](#)

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These reports must be completed and submitted to the Division of Water Resources, usually within 60 days of plugging and sealing the well/hole.

Please refer to **Form GWS-09A** for the Standards for Plugging, Sealing, and Abandoning Wells and Boreholes

**Item Instructions:** (numbers correspond with those on the front of this form)

1. Complete the well permit and receipt number for the abandoned well.
2. Complete the name and contact information for the person performing the abandonment work.
3. Complete the well owner name and contact information.
4. Complete the address where the abandoned well is located.
5. Provide the GPS location and County where the abandoned well is located.

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6. Complete the legal description location of the (abandoned) well. For wells located in subdivisions, the name, lot, block, and filing, must be provided.
7. Indicate the reason(s) for plugging and sealing the well/hole.
8. Indicate the aquifer in which the abandoned well was completed.
9. Indicate the intervals where casing was removed, perforated, or ripped.
10. Complete the amount, type, method of placement and interval placed of the sealing materials.
11. Complete the Name, Title, and License Number (if applicable) of the individual(s) who are responsible for the work performed. The report must be signed by the responsible party per Rule 17.4. If applicable, indicate if Professional Engineer or Professional Geologist in place of License Number.

**Rule 17.4 Certification** - Work reports must be signed and certified as to accuracy and truthfulness of the information on the report by the well construction or pump installation contractors or authorized individuals responsible for the work performed by them or under their direction or supervision, or by the private driller or private pump installer if the work was performed by them. Such reports are deemed to be completed, signed and certified under oath.

Submit completed report to: State of Colorado, Office of the State Engineer, 1313 Sherman St, Room 821, Denver, CO 80203. You may also save, print, scan and email the completed form to [dwrpermitsonline@state.co.us](mailto:dwrpermitsonline@state.co.us)

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3. Well (Hole) Owner: Name(s): _____ Phone: ( _____ ) _____ Email: _____ Mailing Address, City, St., Zip: _____		
4. Well Location Address: _____		
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_____	_____	from _____ feet to _____ feet
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I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be in compliance with Rule 17.4.		
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<h2 style="margin: 0;">WELL ABANDONMENT REPORT</h2> <p style="margin: 0;">Use to report plugging and sealing of permitted wells, monitoring and other holes. Type or print in black or blue ink. Instructions and plugging standards are on reverse side</p>		
1. Well Permit Number of plugged well _____ or MH File Number MH- _____ Owners Well Designation- _____ SSSSSSSSSSSS Receipt Number: _____		
2. Individual/Company responsible for plugging and sealing the well: Name(s) _____ License # _____ Mailing Address _____ City, St., Zip _____ Phone ( _____ ) _____ Email _____		
3. Well (Hole) Owner: Name(s): _____ Phone: ( _____ ) _____ Email: _____ Mailing Address, City, St., Zip: _____		
4. Well Location Address: _____		
5. GPS Well Location: County _____ UTM <input type="checkbox"/> Zone 12 or <input type="checkbox"/> Zone 13 Easting _____ Northing _____		
6. Legal Location: ___ 1/4 of the ___ 1/4, Sec ____, Twp ____ N or S ____, Range ____ E or W ____, ____ P.M. Distance from Section Lines _____ Ft. From ____ N or S ____, _____ Ft. From ____ E or W ____ Line. Subdivision Name _____ Lot _____, Block _____, Filing/Unit _____		
7. I/we report the existing well/hole was plugged and sealed on _____ (date) for the following reason(s): <input type="checkbox"/> The well was plugged and sealed as required under Well Permit Number _____. <input type="checkbox"/> The well was not in use and was plugged and sealed. <input type="checkbox"/> Other (please explain) _____		
8. Aquifer Type: <input type="checkbox"/> Type I (One Confining Layer) <input type="checkbox"/> Type I (Multiple Confining Layer) <input type="checkbox"/> Laramie-Fox Hills (check one) <input type="checkbox"/> Type II (Not Overlain by Type III) <input type="checkbox"/> Type II (Overlain by Type III) <input type="checkbox"/> Type III (alluvial)		
9. Intervals of Casing Removed/Ripped: from _____ feet to _____ feet,    from _____ feet to _____ feet,    from _____ feet to _____ feet, from _____ feet to _____ feet,    from _____ feet to _____ feet,    from _____ feet to _____ feet,		
10. Amount and Type of Material	Method of Placement	Interval
_____	_____	from _____ feet to _____ feet
_____	_____	from _____ feet to _____ feet
_____	_____	from _____ feet to _____ feet
_____	_____	from _____ feet to _____ feet
I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37-91-108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be in compliance with Rule 17.4.		
11. Signature(s)	Please Print the Name, Title, & License No.	Date
_____	_____	_____
_____	_____	_____
It is the responsibility of the well owner to have the well/hole properly plugged and sealed. The Well Construction Contractor is responsible for notifying the owner of this requirement in writing.		

## Instructions

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These reports must be completed and submitted to the Division of Water Resources, usually within 60 days of plugging and sealing the well/hole.

Please refer to **Form GWS-09A** for the Standards for Plugging, Sealing, and Abandoning Wells and Boreholes

**Item Instructions:** (numbers correspond with those on the front of this form)

1. Complete the well permit and receipt number for the abandoned well.
2. Complete the name and contact information for the person performing the abandonment work.
3. Complete the well owner name and contact information.
4. Complete the address where the abandoned well is located.
5. Provide the GPS location and County where the abandoned well is located.

Colorado contains two (2) UTM zones. Zone 13 covers most of Colorado. The boundary between Zone 12 and Zone 13 is the 108<sup>th</sup> Meridian (longitude). West of the 108<sup>th</sup> Meridian is UTM Zone 12 and east of the 108<sup>th</sup> Meridian is UTM Zone 13. The 108<sup>th</sup> Meridian is approximately 57 miles east of the Colorado-Utah state line. On most GPS units, the UTM zone is given as part of the Easting measurement, e.g. 12T0123456. Check the appropriate box for the zone.

6. Complete the legal description location of the (abandoned) well. For wells located in subdivisions, the name, lot, block, and filing, must be provided.
7. Indicate the reason(s) for plugging and sealing the well/hole.
8. Indicate the aquifer in which the abandoned well was completed.
9. Indicate the intervals where casing was removed, perforated, or ripped.
10. Complete the amount, type, method of placement and interval placed of the sealing materials.
11. Complete the Name, Title, and License Number (if applicable) of the individual(s) who are responsible for the work performed. The report must be signed by the responsible party per Rule 17.4. If applicable, indicate if Professional Engineer or Professional Geologist in place of License Number.

**Rule 17.4 Certification** - Work reports must be signed and certified as to accuracy and truthfulness of the information on the report by the well construction or pump installation contractors or authorized individuals responsible for the work performed by them or under their direction or supervision, or by the private driller or private pump installer if the work was performed by them. Such reports are deemed to be completed, signed and certified under oath.

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<b>COLORADO DIVISION OF WATER RESOURCES</b> <b>DEPARTMENT OF NATURAL RESOURCES</b> <b>1313 SHERMAN ST., Ste 821, DENVER CO 80203</b> Phone: (303) 866-3581 <a href="mailto:dwrpermitsonline@state.co.us">dwrpermitsonline@state.co.us</a>				Office Use Only		Form GWS-46 (01/2020)	
<b>MONITORING/OBSERVATION</b> <b>Water Well Permit Application</b> Review instructions on reverse side prior to completing form. The form must be typed, completed online or in black or blue ink.							
<b>1. Well Owner Information</b>							
Name of well owner  Aggregate Industries - WCR, Inc.							
Mailing address  3605 S. Teller Street							
City  Lakewood		State  CO		Zip code  80235			
Telephone #  (303) 985-1070			E-Mail (If filing online it is required)				
<b>2. Type Of Application</b> (check applicable boxes)							
<input type="checkbox"/> Use existing well <input checked="" type="checkbox"/> Replacement for existing monitoring well: <input type="checkbox"/> Construct new well      Permit no.: <input type="checkbox"/> Other:							
<b>3. Refer To</b> (if applicable)							
Monitoring hole acknowledgment  MH- 40375				Well name or #  MW3			
<b>4. Location Of Proposed Well (Important! See Instructions)</b>							
County  Weld				NW 1/4 of the NW 1/4			
Section  32	Township  6	N or S  <input checked="" type="checkbox"/> N <input type="checkbox"/> S	Range  66	E or W  <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Principal Meridian  6th		
Distance of well from section lines (section lines are typically not property lines) Ft. from <input type="checkbox"/> N <input type="checkbox"/> S      Ft. from <input type="checkbox"/> E <input type="checkbox"/> W							
For replacement wells only – distance and direction from old well to new well  5 feet West direction							
Well location address (Include City, State, Zip) <input type="checkbox"/> Check if well address is same as Item 1. 13254 Co Rd 64, Greeley, CO 80631							
<b>Optional:</b> GPS well location information in UTM format You must check GPS unit for required settings as follows:							
Format must be UTM <input type="checkbox"/> Zone 12 or <input checked="" type="checkbox"/> Zone 13 Units must be Meters <b>Datum must be NAD83</b> Unit must be set to true north Was GPS unit checked for above? <input checked="" type="checkbox"/> YES				Easting <u>516391</u> Northing <u>4477682</u> <b>Remember to set Datum to NAD83</b>			
<b>5. Property Owner Information</b>							
Name of property owner  Aggregate Industries - WCR, Inc.							
Mailing address  3605 S. Teller Street							
City  Lakewood		State  CO		Zip Code  80235			
Telephone #  (303) 985-1070							
<b>6. Use Of Well</b>							
<b>Use of this well is limited to monitoring water levels and/or water quality sampling</b>							
<b>7. Well Data</b> (proposed)							
Total depth  34.5 feet				Aquifer  Alluvial			
<b>8. Consultant Information</b> (if applicable)							
Name of contact person  Adam Kubat							
Company name  Environmental Works, Inc.							
Mailing address  2770 Industrial Lane							
City  Broomfield				State  CO		Zip Code  80020	
Telephone #  (507) 475-2825							
<b>9. Proposed Well Driller License #</b> (optional):							
<b>10. Name of Well Owner or Authorized Agent</b> The making of false statements herein constitutes perjury in the second degree, which is punishable as a class 1 misdemeanor pursuant to C.R.S. 24-4-104 (13)(a). I have read the statements herein, know the contents thereof and state that they are true to my knowledge.							
Sign or enter full name here  Adam Kubat						Date (mm/dd/yyyy)  06/06/2024	
If signing print name. Print title if other than land owner.  Adam Kubat, Professional Geologist							
<b>Office Use Only</b>							
USGS map name				DWR map no.		Surface elev.	
				Receipt area only			
<div style="text-align: right; padding-right: 50px;">             DIV ____ WD ____ BA ____ MD ____           </div>							