# WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

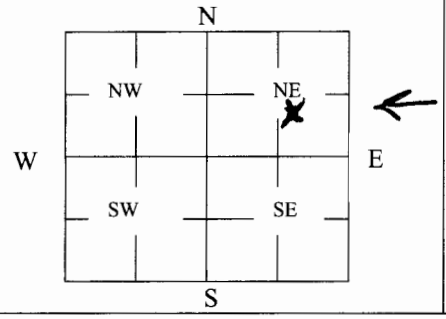
| 1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: SE ¼ SW ¼ NW ¼ | Section Number: 12 | Township Number: Derby 27 | Range Number: 1 E (W) |
|---|---|---|---|---|

Distance and direction from nearest town or city street address of well if located within city? 1843 Westridge

**2 WATER WELL OWNER:** Mark & Beverly Jackson
RR#, St. Address, Box #: 1843 Westridge Dr
City, State ZIP Code: Wichita, Ks 67203

**Global Positioning Systems** (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**




**4 DEPTH OF WELL** 24 ft.
WELL'S STATIC WATER LEVEL 20 ft

WELL WAS USED AS:

| | | |
|---|---|---|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring |
| 3 Feedlot | (7) Domestic (Lawn & Garden) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes_____ No X

**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 | No casing |

Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____
Casing height above or below land surface _____ in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement (2) Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 24 ft. to 0 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|---|---|---|---|
| 1 Septic tank | 6 Seepage pit | 11 Fuel Storage | (16) Other (specify below) Termite treatment |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | Direction from well? _____ |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|---|---|---|---|---|---|
| 24 | 0 | Cement Grout | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-7-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 0. This Water Well Record was completed on (mo/day/year) 5/8/12 under the business name of _____ 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.