

WATER WELL RECORD (WWC-5)

Plugged

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range		E W	Fraction	¼	¼	¼
Latitude		Longitude		Datum		Elevation						

WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

WELL WATER USE

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WELL INFORMATION

Depth of well:	ft.
Dry well	
Static water level in well:	ft.
measured below land surface on (mm/dd/yy):	
measured above land surface on (mm/dd/yy):	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.:	
KDHE / EPA Project Code:	
Site Name:	
KDHE UIC Class V Form Completed:	Yes No
County/Local Permit Required:	Yes No
Permit Obtained	Yes No Permit ID:
Lease Name & Well #:	
# of Bore Holes:	

CASING

Type of blank casing used:	
Casing type details:	
Blank casing diameter:	inches
Was casing removed?	Yes No
Top of casing currently	ft. ground
Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.	

GROUT & PLUGGING MATERIALS

Grout or Plugging interval (ft.)		Material	Description
From	To		

COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was plugged under my jurisdiction and was completed on (mm/dd/yyyy) _____ my knowledge and belief. Kansas Water Well Contractor's License No. _____ This water well record was completed on (mm/dd/yyyy) _____ under the business name of _____ by (electronic signature) _____	and this record is true to the best of _____ .
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Send one copy to WATER WELL OWNER and retain one for your records.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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