

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

--

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

--

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was plugged under my jurisdiction and was completed on (mm/dd/yyyy) and this record is true to the best of 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)	

Send one copy to WATER WELL OWNER and retain one for your records.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367
(785) 296-3565 | K.S.A. 82a-1212 | v2024c