

**WATER WELL RECORD (WWC-5)**

Plugged

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_

**LOCATION OF WATER WELL**

|          |  |           |  |          |  |           |  |        |          |   |   |   |
|----------|--|-----------|--|----------|--|-----------|--|--------|----------|---|---|---|
| County   |  | Section   |  | Township |  | Range     |  | E<br>W | Fraction | ¼ | ¼ | ¼ |
| Latitude |  | Longitude |  | Datum    |  | Elevation |  |        |          |   |   |   |

**WATER WELL OWNER**

|                                     |  |
|-------------------------------------|--|
| Name                                |  |
| Business                            |  |
| Address                             |  |
| Well location<br>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<br>on (mm/dd/yy): |     |
| measured above land surface<br>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) _____<br>my knowledge and belief. Kansas Water Well Contractor's License No. _____<br><br>This water well record was completed on (mm/dd/yyyy) _____ under the business name of _____<br>by (electronic signature) _____ | and this record is true to the best of<br>. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|

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

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**
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 (785) 296-3565 | K.S.A. 82a-1212 | v2024c