

## WATER WELL PLUGGING RECORD

**Form WWC-5P**

**KSA 82a-1212**

ID NO.

\_\_\_\_\_

1	LOCATION OF WATER WELL: County:	Fraction				Section Number	Township Number		Range Number	
		$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$		T	S	<input type="checkbox"/> E <input type="checkbox"/> W	

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>	<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____
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<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: City, State ZIP Code:	<input type="checkbox"/> GPS unit (Make/Model: _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N

NW	NE
SW	SE

S

W
E

**4 DEPTH OF WELL** \_\_\_\_\_ **ft.**

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐

**5 TYPE OF BLANK CASING USED:**

☐ Steel      ☐ RMP (SR)      ☐ Wrought      ☐ Fiberglass      ☐ Other (Specify below)  
☐ PVC      ☐ ABS      ☐ Asbestos-Cement      ☐ Concrete Tile      \_\_\_\_\_

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:**      ☐ Neat cement      ☐ Cement grout      ☐ Bentonite      ☐ Other \_\_\_\_\_

Grout Plug Intervals:      From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,      From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.,      From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

[illegible]

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) \_\_\_\_\_ 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 (mo/day/year) \_\_\_\_\_ under the business name of \_\_\_\_\_ by (signature) \_\_\_\_\_

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.

Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

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Revised 1/29/2014