

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: _____		Fraction <div><div><div><div>1/4</div></div><div><div>1/4</div></div><div><div>1/4</div></div><div><div>1/4</div></div></div></div>		Section Number _____	Township Number T _____ S _____	Range Number <div><div><div><div><input type="checkbox"/> E</div><div><input type="checkbox"/> W</div></div></div></div>																																																
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"/>				Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <div><div><div><div><input type="checkbox"/> GPS unit (Make/Model: _____)</div><div><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey</div></div></div></div> Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																		
2 WATER WELL OWNER: RR#, St. Address, Box #: City, State ZIP Code: _____																																																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div><div><div><div>N</div><div>W</div><div>E</div><div>S</div></div><div><div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div></div></div></div></div>		4 DEPTH OF WELL _____ ft. WELL'S STATIC WATER LEVEL _____ ft WELL WAS USED AS: <div><div><div><div><input type="checkbox"/> Domestic</div><div><input type="checkbox"/> Irrigation</div><div><input type="checkbox"/> Feedlot</div><div><input type="checkbox"/> Industrial</div></div><div><div><input type="checkbox"/> Public Water Supply</div><div><input type="checkbox"/> Oil Field Water Supply</div><div><input type="checkbox"/> Domestic (Lawn & Garden)</div><div><input type="checkbox"/> Air Conditioning</div></div><div><div><input type="checkbox"/> Dewatering</div><div><input type="checkbox"/> Monitoring</div><div><input type="checkbox"/> Injection Well</div><div><input type="checkbox"/> Other _____</div></div></div></div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>																																																				
5 TYPE OF BLANK CASING USED: <div><div><div><div><input type="checkbox"/> Steel</div><div><input type="checkbox"/> PVC</div></div><div><div><input type="checkbox"/> RMP (SR)</div><div><input type="checkbox"/> ABS</div></div><div><div><input type="checkbox"/> Wrought</div><div><input type="checkbox"/> Asbestos-Cement</div></div><div><div><input type="checkbox"/> Fiberglass</div><div><input type="checkbox"/> Concrete Tile</div></div><div><div><input type="checkbox"/> Other (Specify below) _____</div></div></div></div> Blank casing diameter _____ in. Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____ Casing height above or below land surface _____ in.																																																						
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div><div><div><div><input type="checkbox"/> Septic tank</div><div><input type="checkbox"/> Sewer lines</div><div><input type="checkbox"/> Watertight sewer lines</div><div><input type="checkbox"/> Lateral lines</div><div><input type="checkbox"/> Cess pool</div></div><div><div><input type="checkbox"/> Seepage pit</div><div><input type="checkbox"/> Pit privy</div><div><input type="checkbox"/> Sewage lagoon</div><div><input type="checkbox"/> Feedyard</div><div><input type="checkbox"/> Livestock pens</div></div><div><div><input type="checkbox"/> Fuel storage</div><div><input type="checkbox"/> Fertilizer storage</div><div><input type="checkbox"/> Insecticide storage</div><div><input type="checkbox"/> Abandoned water well</div><div><input type="checkbox"/> Oil well/Gas well</div></div><div><div><input type="checkbox"/> Other (specify below) _____</div><div>Direction from well? _____</div><div>How many feet? _____</div></div></div></div>																																																						
<table><tr><td>FROM</td><td>TO</td><td>PLUGGING MATERIALS</td><td>FROM</td><td>TO</td><td>PLUGGING MATERIALS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS																																										
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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) _____ 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.