WATER WELL PLUGGING RECORD   Form WWC-5P   KSA 82a-1212 137D709.

1 LOCATION OF WATER WELL:

	Fraction ¼ ¼ ¼ ¼	Section Number	Township Number T S	Range Number ☐ E ☐ W
County:				

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

Global Positioning Systems (GPS) information:
Latitude: _____(in decimal degrees)
Longitude: _____(in decimal degrees)
Elevation: _____
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER:
RR#, St. Address, Box #:
City, State ZIP Code:

☐ GPS unit (Make/Model: _____
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL _____ **ft.**

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

☐ Domestic	☐ Public Water Supply	☐ Dewatering
☐ Irrigation	☐ Oil Field Water Supply	☐ Monitoring
☐ Feedlot	☐ Domestic (Lawn & Garden)	☐ Injection Well
☐ Industrial	☐ Air Conditioning	☐ Other _____

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

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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.

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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:

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

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS

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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