

WATER WELL PLUGGING RECORD    Form WWC-5P    KSA 82a-1212    ID NO.

1    LOCATION OF WATER WELL:

County:

Fraction

1/4

1/4

1/4

1/4

Section Number

Township Number

T

S

Range Number

E

W

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:

GPS unit (Make/Model: \_\_\_\_\_

Digital Map/Photo,

Topographic Map,

Land Survey

Est. Accuracy:

< 3 m,

3-5 m,

5-15 m,

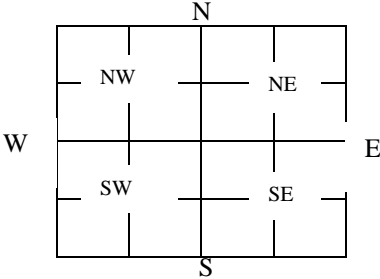
> 15 m

2    WATER WELL OWNER:

RR#, St. Address, Box #:

City, State ZIP Code:

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



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

5    TYPE OF BLANK CASING USED:

Steel

PVC

RMP (SR)

ABS

Wrought

Asbestos-Cement

Fiberglass

Concrete Tile

Other (Specify below)

\_\_\_\_\_

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:

Septic tank

Sewer lines

Watertight sewer lines

Lateral lines

Cess pool

Seepage pit

Pit privy

Sewage lagoon

Feedyard

Livestock pens

Fuel storage

Fertilizer storage

Insecticide storage

Abandoned water well

Oil well/Gas well

Other (specify below)

\_\_\_\_\_

Direction from 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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