

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:

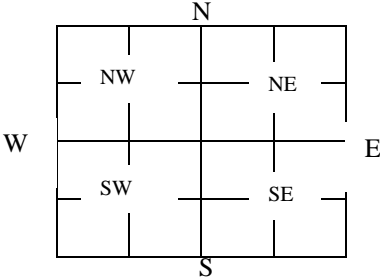
☐ GPS unit (Make/Model: _____)

☐ 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:**



4 **DEPTH OF WELL** _____ **ft.**

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

☐ Domestic

☐ Irrigation

☐ Feedlot

☐ Industrial

☐ Public Water Supply

☐ Oil Field Water Supply

☐ Domestic (Lawn & Garden)

☐ Air Conditioning

☐ Dewatering

☐ Monitoring

☐ Injection Well

☐ Other _____

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 |
|------|----|--------------------|------|----|--------------------|
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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.