

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <div><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></div>		Fraction	Section Number	Township Number T S	Range Number <div><div><div><div><div></div></div><div>E</div></div><div><div></div></div><div>W</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: <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			
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><div>N</div></div><div><div>NW</div><div>NE</div></div><div><div>W</div><div></div><div>E</div></div><div><div>SW</div><div>SE</div></div><div><div>S</div></div></div></div></div>		4 DEPTH OF WELL _____ ft. WELL'S STATIC WATER LEVEL _____ ft WELL WAS USED AS: <div><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><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><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>			

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.