

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

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.