

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

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| <b>1 LOCATION OF WATER WELL:</b><br>County: | Fraction<br>$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number | Township Number<br>T                  S | Range Number<br><input type="checkbox"/> E <input type="checkbox"/> W |
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| 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"/> | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
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| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box #:<br>City, State ZIP Code: |  |
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|---|--|---|--|-------------------------------------|-------------------------------------|---|-------------------------------------|----------------------------------|---|---|-------------------------------------|---|--------------------------------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br> | <b>4 DEPTH OF WELL _____ ft.</b><br>WELL'S STATIC WATER LEVEL _____ ft.<br>WELL WAS USED AS:<br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Domestic       | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Domestic   | <input type="checkbox"/> Public Water Supply   | <input type="checkbox"/> Dewatering     |  |                                     |                                     |   |                                     |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Oil Field Water Supply  | <input type="checkbox"/> Monitoring     |  |                                     |                                     |   |                                     |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Feedlot  | <input type="checkbox"/> Domestic (Lawn & Garden)  | <input type="checkbox"/> Injection Well |  |                                     |                                     |   |                                     |                                  |   |   |                                     |   |                                      |
| <input type="checkbox"/> Industrial   | <input type="checkbox"/> Air Conditioning  | <input type="checkbox"/> Other _____    |  |                                     |                                     |   |                                     |                                  |   |   |                                     |   |                                      |

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| <b>5 TYPE OF BLANK CASING USED:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) _____<br><input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile |
| Blank casing diameter _____ in.   Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____<br>Casing height above or below land surface _____ in.  |

|   |   |   |  |  |                                      |                                    |   |  |   |  |  |  |  |                                   |   |                            |                                    |   |  |                      |
|---|---|---|--|--|--------------------------------------|------------------------------------|---|--|---|--|--|--|--|-----------------------------------|---|----------------------------|------------------------------------|---|--|----------------------|
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Plug Intervals:   From _____ ft. to _____ ft.,   From _____ ft. to _____ ft.,   From _____ ft. to _____ ft.   |   |   |  |  |                                      |                                    |   |  |   |  |  |  |  |                                   |   |                            |                                    |   |  |                      |
| What is the nearest source of possible contamination:<br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input type="checkbox"/> Fuel storage</td> <td><input type="checkbox"/> Other (specify below) _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> <td>Direction from well? _____</td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> <td>How many feet? _____</td> </tr> </table> | <input type="checkbox"/> Septic tank    | <input type="checkbox"/> Seepage pit          | <input type="checkbox"/> Fuel storage                | <input type="checkbox"/> Other (specify below) _____ | <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage |  | <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage |  | <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? _____ | <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |
| <input type="checkbox"/> Septic tank  | <input type="checkbox"/> Seepage pit    | <input type="checkbox"/> Fuel storage         | <input type="checkbox"/> Other (specify below) _____ |  |                                      |                                    |   |  |   |  |  |  |  |                                   |   |                            |                                    |   |  |                      |
| <input type="checkbox"/> Sewer lines  | <input type="checkbox"/> Pit privy      | <input type="checkbox"/> Fertilizer storage   |  |  |                                      |                                    |   |  |   |  |  |  |  |                                   |   |                            |                                    |   |  |                      |
| <input type="checkbox"/> Watertight sewer lines   | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage  |  |  |                                      |                                    |   |  |   |  |  |  |  |                                   |   |                            |                                    |   |  |                      |
| <input type="checkbox"/> Lateral lines  | <input type="checkbox"/> Feedyard       | <input type="checkbox"/> Abandoned water well | Direction from well? _____                           |  |                                      |                                    |   |  |   |  |  |  |  |                                   |   |                            |                                    |   |  |                      |
| <input type="checkbox"/> Cess pool  | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas 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.