WATER WELL PLUGGING F	RECORD Form	ww	C-5P	<b>    </b> KSA 82		
1 LOCATION OF WATER WELL:	Fraction		Section	Number	Township Number	Range Number
County: Street/Rural Address of Well Location;	if unknown distance &	. 1/.	4   Global Po	sitioning S	T S Systems (GPS) inform	B B W
direction from nearest town or intersection: If at owner's address, check here			Latitude:(in decimal degrees)			
			Longitude:(in decimal degrees) Elevation:			
			Datum: WGS84, NAD83, NAD27 Collection Method:			
2 WATER WELL OWNER:			GPS unit (Make/Model:			
RR#, St. Address, Box #:			☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
City, State ZIP Code:			Est. Accuracy: $\square$ < 3 m, $\square$ 3-5 m, $\square$ 5-15 m, $\square$ > 15 m			
3 MARK WELL'S LOCATION	4 DEPTH OF WELL ft.					
WITH AN "X" IN SECTION BOX:    WELL'S STATIC WATER LEVELft   WELL WAS USED AS:   Domestic   Public Water Supply   Dewatering						
						tering
Irrigation Oil Field Water Supply Monitoring						
W Feedlot Domestic (Lawn & Garden) Injection Well Sw Other Other						
Was a chemical/bacteriological sample submitted to Department? Yes No						
5 TYPE OF BLANK CASING USED:						
Steel RMP (SR) Wrought Fiberglass Other (Specify below)						
PVC Asbestos-Cement Concrete Tile						
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 Seepage pit Sewer lines Seepage pit Pit privy Fuel storage Fertilizer storage Fertilizer storage						
Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedvard Abandoned water well Direction from well?						
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FROM TO PLUC	GGING MATERIALS		FROM	TO	PI LICCING	MATERIALS
TROM TO TECC	IOINO MATERIALS		TROM	10	LUGGING	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 Departi						
	and one copy to WATE.					

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Revised 1/29/2014