

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    Range Number

T    S    

☐ E    ☐ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

2    **WATER WELL OWNER:**  
RR#, St. Address, Box #:  
City, State ZIP Code:

**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

3    **MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**  

N

W

NW

NE

SW

SE

E

S

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.