

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:

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

N

NW

NE

SW

SE

W

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 ☐

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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

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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.

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