

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:



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.