

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212128H040

<b>1 LOCATION OF WATER WELL:</b> County: _____	Fraction <div style="display: flex; justify-content: space-around;"> <span>1/4</span> <span>1/4</span> <span>1/4</span> <span>1/4</span> </div>	Section Number _____	Township Number <div style="display: flex; justify-content: space-around;"> <span>T</span> <span>S</span> </div>	Range Number <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> W</span> </div>
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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 ☐

**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

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: City, State ZIP Code:	
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">             N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;">NW</td> <td style="width: 20px;"></td> <td style="width: 20px;">NE</td> </tr> <tr> <td style="width: 20px;">W</td> <td style="width: 20px;"></td> <td style="width: 20px;">E</td> </tr> <tr> <td style="width: 20px;">SW</td> <td style="width: 20px;"></td> <td style="width: 20px;">SE</td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> </tr> </table> </div>	NW		NE	W		E	SW		SE		S		<b>4 DEPTH OF WELL</b> _____ <b>ft.</b> WELL'S STATIC WATER LEVEL _____ ft WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>
NW		NE											
W		E											
SW		SE											
	S												

**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.

KSA82a-1212

Revised 1/29/2014