

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212128H009.

| <b>1 LOCATION OF WATER WELL:</b><br>County: _____   | Fraction<br><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<br>_____  | Township Number<br><div style="display: flex; justify-content: space-around;"> <span>T</span> <span>S</span> </div> | Range Number<br><div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> W</span> </div> |                    |    |                    |      |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--------------------|----|--------------------|------|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>   |  | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> GPS unit (Make/Model: _____)</span> <span><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey</span> </div> Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |   |  |                    |    |                    |      |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box #:<br>City, State ZIP Code:   |  | <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table>             S<br/> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>W</span> <span>E</span> </div> </div>   |   |  | NW                 | NE | SW                 | SE   | <b>4 DEPTH OF WELL</b> _____ <b>ft.</b><br>WELL'S STATIC WATER LEVEL _____ ft<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic<br/> <input type="checkbox"/> Irrigation<br/> <input type="checkbox"/> Feedlot<br/> <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply<br/> <input type="checkbox"/> Oil Field Water Supply<br/> <input type="checkbox"/> Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering<br/> <input type="checkbox"/> Monitoring<br/> <input type="checkbox"/> Injection Well<br/> <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW  | NE   |  |   |  |                    |    |                    |      |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW  | SE   |  |   |  |                    |    |                    |      |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;"> <input type="checkbox"/> Steel<br/> <input type="checkbox"/> PVC         </div> <div style="width: 15%;"> <input type="checkbox"/> RMP (SR)<br/> <input type="checkbox"/> ABS         </div> <div style="width: 15%;"> <input type="checkbox"/> Wrought<br/> <input type="checkbox"/> Asbestos-Cement         </div> <div style="width: 15%;"> <input type="checkbox"/> Fiberglass<br/> <input type="checkbox"/> Concrete Tile         </div> <div style="width: 30%;"> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter _____ in. Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____<br>Casing height above or below land surface _____ in.  |  |  |   |  |                    |    |                    |      |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Septic tank<br/> <input type="checkbox"/> Sewer lines<br/> <input type="checkbox"/> Watertight sewer lines<br/> <input type="checkbox"/> Lateral lines<br/> <input type="checkbox"/> Cess pool         </div> <div style="width: 30%;"> <input type="checkbox"/> Seepage pit<br/> <input type="checkbox"/> Pit privy<br/> <input type="checkbox"/> Sewage lagoon<br/> <input type="checkbox"/> Feedyard<br/> <input type="checkbox"/> Livestock pens         </div> <div style="width: 30%;"> <input type="checkbox"/> Fuel storage<br/> <input type="checkbox"/> Fertilizer storage<br/> <input type="checkbox"/> Insecticide storage<br/> <input type="checkbox"/> Abandoned water well<br/> <input type="checkbox"/> Oil well/Gas well         </div> <div style="width: 10%;"> <input type="checkbox"/> Other (specify below) _____<br/>         Direction from well? _____<br/>         How many feet? _____         </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">PLUGGING MATERIALS</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |  |   |  | FROM               | TO | PLUGGING MATERIALS | FROM | TO   | PLUGGING MATERIALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM  | TO   | PLUGGING MATERIALS   | FROM  | TO   | PLUGGING MATERIALS |    |                    |      |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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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