

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

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:**

N

W

E

S

NW

NE

SW

SE

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

Fuel storage

Fertilizer storage

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.