

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: _____		Fraction <div><div><div>1/4</div><div>1/4</div><div>1/4</div><div>1/4</div></div></div>	Section Number	Township Number T S	Range Number <div><div><div><div></div></div>E</div><div><div><div></div></div>W</div></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"/>			Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <div><div><div><div><input type="checkbox"/></div>GPS unit (Make/Model: _____)</div><div><div><div><div><input type="checkbox"/></div>Digital Map/Photo,</div><div><div><div><div><input type="checkbox"/></div>Topographic Map,</div><div><div><div><div><input type="checkbox"/></div>Land Survey</div></div></div></div></div></div><div>Est. Accuracy: <input type="checkbox"/> &lt; 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> &gt; 15 m</div></div></div></div>																																																		
2 WATER WELL OWNER: RR#, St. Address, Box #: City, State ZIP Code: _____																																																					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div><div><div><div><div>N</div><div>W</div><div>E</div><div>S</div></div><div><div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div></div></div></div></div></div>		4 DEPTH OF WELL _____ ft. WELL'S STATIC WATER LEVEL _____ ft WELL WAS USED AS: <div><div><div><div><div><input type="checkbox"/></div>Domestic</div><div><div><div><div><input type="checkbox"/></div>Irrigation</div><div><div><div><div><input type="checkbox"/></div>Feedlot</div><div><div><div><div><input type="checkbox"/></div>Industrial</div></div></div></div></div><div><div><div><div><input type="checkbox"/></div>Public Water Supply</div><div><div><div><div><input type="checkbox"/></div>Oil Field Water Supply</div><div><div><div><div><input type="checkbox"/></div>Domestic (Lawn &amp; Garden)</div><div><div><div><div><input type="checkbox"/></div>Air Conditioning</div></div></div></div></div><div><div><div><div><input type="checkbox"/></div>Dewatering</div><div><div><div><div><input type="checkbox"/></div>Monitoring</div><div><div><div><div><input type="checkbox"/></div>Injection Well</div><div><div><div><div><input type="checkbox"/></div>Other _____</div></div></div></div></div></div></div><div>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/></div></div></div></div></div></div></div></div></div></div></div></div>																																																			
5 TYPE OF BLANK CASING USED: <div><div><div><div><div><input type="checkbox"/></div>Steel</div><div><div><div><div><input type="checkbox"/></div>PVC</div></div></div></div><div><div><div><div><input type="checkbox"/></div>RMP (SR)</div><div><div><div><div><input type="checkbox"/></div>ABS</div></div></div></div><div><div><div><div><input type="checkbox"/></div>Wrought</div><div><div><div><div><input type="checkbox"/></div>Asbestos-Cement</div></div></div></div><div><div><div><div><input type="checkbox"/></div>Fiberglass</div><div><div><div><div><input type="checkbox"/></div>Concrete Tile</div></div></div></div><div><div><div><div><input type="checkbox"/></div>Other (Specify below) _____</div></div></div></div></div><div>Blank casing diameter _____ in. Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____ Casing height above or below land surface _____ in.</div></div></div></div>																																																					
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div><div><div><div><div><input type="checkbox"/></div>Septic tank</div><div><div><div><div><input type="checkbox"/></div>Sewer lines</div><div><div><div><div><input type="checkbox"/></div>Watertight sewer lines</div><div><div><div><div><input type="checkbox"/></div>Lateral lines</div><div><div><div><div><input type="checkbox"/></div>Cess pool</div></div></div></div></div><div><div><div><div><input type="checkbox"/></div>Seepage pit</div><div><div><div><div><input type="checkbox"/></div>Pit privy</div><div><div><div><div><input type="checkbox"/></div>Sewage lagoon</div><div><div><div><div><input type="checkbox"/></div>Feedyard</div><div><div><div><div><input type="checkbox"/></div>Livestock pens</div></div></div></div></div><div><div><div><div><input type="checkbox"/></div>Fuel storage</div><div><div><div><div><input type="checkbox"/></div>Fertilizer storage</div><div><div><div><div><input type="checkbox"/></div>Insecticide storage</div><div><div><div><div><input type="checkbox"/></div>Abandoned water well</div><div><div><div><div><input type="checkbox"/></div>Oil well/Gas well</div></div></div></div></div><div><div><div><div><input type="checkbox"/></div>Other (specify below) _____</div></div></div></div><div>Direction from well? _____ How many feet? _____</div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div>																																																					
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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.