

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,

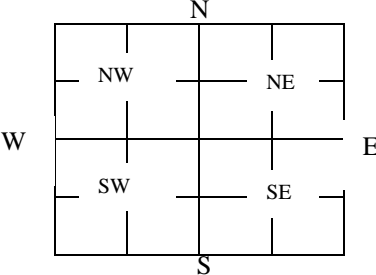
> 15 m

2 WATER WELL OWNER:

RR#, St. Address, Box #:

City, State ZIP Code:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



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

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.

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