

Well Abandonment Form

(For use when original well completion report is unavailable)

Well designation, Name or Number: _____

1. Contact Information

| Contact: | Name | Address | Phone |
|-----------------|------|---------|-------|
| Owner | | | |
| Driller | | | |
| System Provider | | | |

2. Well Location

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------|-------------|
| Physical Address: | | County/City: | |
| Subdivision Name: | | Section: | Block: Lot: |
| Tax Map/GPIN #: | | | |
| Latitude*: | | N | Longitude: |
| | | | W |
| Datum Source | Horizontal: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 | | |
| Lat/Long Source (Check One): <input type="checkbox"/> Map <input type="checkbox"/> GPS <input type="checkbox"/> PPDGPS <input type="checkbox"/> Survey <input type="checkbox"/> Imagery <input type="checkbox"/> WASS | | | |
| Location Information Collected By : | | | |
| Physical Location Description: | | | |

3. Well Construction

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date Started: | | Date Completed: | |
| Static Water Level (unpumped level measured): | | ft. | |
| Casing Size (I.D.) and Materials: | | Casing Pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncased Well | |
| Depth of Fill: | | Type and Source of Fill: | |
| Grout: From to Type: | | From to Type: | |
| Method of permanently marking location: | | | |
| Type of Facility (Check One): | | Type of Use (Check All That Apply): | |
| <input type="checkbox"/> Private <input type="checkbox"/> Waterworks <input type="checkbox"/> Observation/Monitoring Well | | <input type="checkbox"/> Drinking/Domestic Use <input type="checkbox"/> Manufacturing <input type="checkbox"/> Geothermal (Cooling/Heating) <ul style="list-style-type: none"> <input type="checkbox"/> Closed <input type="checkbox"/> Open: <input type="checkbox"/> Returned to Surface <input type="checkbox"/> Returned to Aquifer <input type="checkbox"/> Agricultural <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Safety <input type="checkbox"/> Food Processing <input type="checkbox"/> Injection | |

4. Disinfection

| | |
|----------------------------------------------------------------------------|-------|
| Well Disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |
|----------------------------------------------------------------------------|-------|

5. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

License Number: _____