

Well Abandonment Application

Homeowner Name: _____

Street Address: _____

Phone #: _____

Potable Well _____ Non Potable Well _____

Reason for the abandonment? _____

Well Drillers Name: _____

Well Drillers License #: _____

Company Address: _____

Company Phone #: _____

How is the well being abandoned? _____

From Feet: _____ To Feet _____

Well Drillers Signature

Date

Approved by Health Agent

Date

Inspected by Health Agent

Date