



Note: GPS coordinates must be in WGS84 datum, in degrees decimal degree format.

1. WELL LOCATION		GPS (Required) North _____ ° . _____ West _____ ° . _____
Address at Well Location _____		<input type="checkbox"/> Property Owner _____
Subdivision/Property Description _____		<input type="checkbox"/> Engineering Firm _____
City/Town _____	In public right-of-way? <input type="checkbox"/>	Mailing Address _____
Assessors Map _____	Assessors Lot # _____	City/Town _____ State _____
Board of Health permit obtained <input type="checkbox"/> Yes <input type="checkbox"/> Not Required		Permit Number _____ Date Issued _____

2. WELL INFORMATION	
Date decommissioned _____	Depth of decommissioned well _____
Number of wells decommissioned in group _____	Area of group (sq. ft) _____

3. ADDITIONAL INFORMATION (IF AVAILABLE)			
Well Type Prior to Decommission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Original WCR # for Decommissioned Well _____		
Well ended in formation type <input type="checkbox"/> Overburden <input type="checkbox"/> Bedrock	Was a new well drilled? <input type="checkbox"/> Yes <input type="checkbox"/> No	WCR # for New Well _____	
DEP 21E Site # _____	DEP Groundwater Discharge # _____		

4. CASING			
Casing Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Casing Diameter _____		
Was casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____	Was casing ripped or perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were obstructions left in the well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____			

5. WATER LEVEL			6. SURFACE SEAL	
Date Measured _____	Static Depth BGS (ft) _____	Flowing Rate (gpm) _____	<input type="checkbox"/> <input type="checkbox"/>	

7. DECOMMISSIONING MATERIAL								
From (ft BGS)	To (ft BGS)	Material 1	Weight	Material 2	Weight	Water (gal)	Batches	Method of Placement
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>

8. COMMENTS	
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9. WELL DRILLERS STATEMENT			
This well was decommissioned under my direct supervision, according to the applicable rules and regulations, and this report is complete and accurate to the best of my knowledge.			
Driller _____	Supervising Driller Signature _____	Certification # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Company _____	Date Job Complete _____		

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.