

# NOTICE OF WATER WELL ABANDONMENT

**Instructions**

Complete by printing in ink or typing the appropriate information. Submit the completed form to the above address within 60 days of decommissioning. This form is to be completed by water well contractor (owner signature not required) for all wells decommissioned after 7/1/2001. For wells decommissioned prior to 7/1/2001, or for a sand point well, the well owner may complete and sign the form if they did the actual decommissioning, or if the well no longer exists, and it is unknown when the decommissioning occurred or who decommissioned the well.

1. Well Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
( ) ( )  
Home Phone Number Work Phone Number

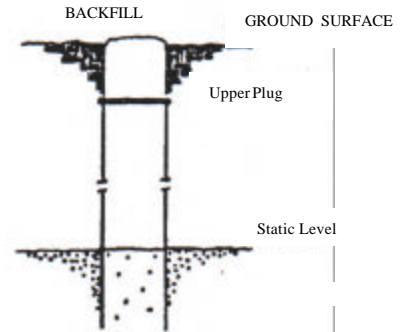
2. Person Completing Decommissioning (if not owner)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
( ) \_\_\_\_\_  
Business Phone Number Contractor's License Number

3a. Well Registration Number \_\_\_\_\_  
3b. Purpose of Well \_\_\_\_\_  
3c. Date Well Last Operated \_\_\_\_\_  
3d. Date of Decommissioning \_\_\_\_\_  
3e. Location of Well: County \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ E W Section \_\_\_\_\_  
\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4  
3f. The well is \_\_\_\_\_ feet from the (N S ) section line  
(circle one)  
and \_\_\_\_\_ feet from the (E W ) section line or  
(circle one)  
Latitude Degree \_\_\_\_\_ Minutes \_\_\_\_\_ Second \_\_\_\_\_  
Longitude Degree \_\_\_\_\_ Minutes \_\_\_\_\_ Second \_\_\_\_\_  
3g. Street Address of Block, Lot and Subdivision (if applicable). \_\_\_\_\_  
3h. Location of Water Use: County \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ E W Section \_\_\_\_\_  
\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4

**FOR DEPARTMENT USE ONLY**

Filing Date	Registration Number
Owner Code	Sequence Number
NRD	

4a. Actual Method for Decommissioning of Well. Use Sketch below (if appropriate), or illustrate method of decommissioning on a separate sheet.



4b. Type of Back Fill Used in Upper Plug. (If excavated area is greater than three feet, indicate depth of excavation.)

4c. Illustrate method to create upper plug.

4d. Type, Amount, and Location of Materials Used in Lower Casing.

4e. Type and Thickness of Materials Used Between Confining Layers and at static water levels. Indicate plug depth(s) on left side of sketch.

4f. Well Casing Size \_\_\_\_\_

4g. Well Diameter \_\_\_\_\_

I am familiar with the information submitted on this form and to the best of my knowledge, it is true.

\_\_\_\_\_  
Water Well Contractor's Signature Date

\_\_\_\_\_  
Well Owner's Signature Date