

Bucks County Department of Health
WELL ABANDONMENT FORM

CONTRACTOR/AGENT: _____ REGISTRATION NO. _____

DATE: _____ TYPE OF SITE OR PROGRAM: _____

1. WELL LOCATION: **(Show sketch of location on back of this form)**

Municipality _____ County _____

Quadrangle _____

(Road, community, subdivision, lot no.)

Latitude _____ Longitude _____

2. OWNER AND ADDRESS: _____

3. TOPOGRAPHY: hilltop slope stream terrace valley stream channel draw local depression flat

WELL DIAGRAM: sketch a diagram showing depths of well, casing (if present), grouting materials, perforations, etc.

4. USE OF WELL: _____

5. DEPTH OF WELL: _____ DIAMETER OF WELL: _____

6. AMOUNT OF CASING REMOVED: _____ DIAMETER: _____

7. SEALING MATERIAL **BAGS** **NEAT CEMENT** **SAND CEMENT**

94 lb: _____

Gallons of water: _____

Yards of sand: _____

OTHER MATERIAL: _____ Amount: _____

8. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL: _____

9. CERTIFICATION: We hereby certify that this well abandonment record is true and exact, and was accomplished on _____ day of the month of _____ with our active participation and that we are qualified to participate in such abandonment actions.

1. Signature of participant: _____ Date: _____

Address: _____

2. Signature of participant: _____ Date: _____

Address: _____