



St. Joseph County Health Department

SJCHD-03-407
Revision #2
Sept. 09

“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”

WELL ABANDONMENT LOG

WELL LOCATION

Water Supply Well Permit #: _____

Homeowner: _____

Address: _____

City: _____ Zip: _____

Township: _____ Range: _____ Section: _____ 1/4 Section: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

WELL ABANDONMENT (Per 312 IAC 13-10)

Material used to seal well: _____

Amount of well sealing material used: _____

Well plugged from bottom of well to 2 feet below the surface: Yes _____ No _____

Well filled from: _____ feet below surface to _____ feet below surface

Casing cut at _____ feet

Cement plug installed over borehole: Yes _____ No _____

Note: Log shall be submitted to the Health Department within 30 days after any well has been abandoned.

I certify that the abandonment of this well has been performed in full compliance with all requirements of 312 IAC 13-10.

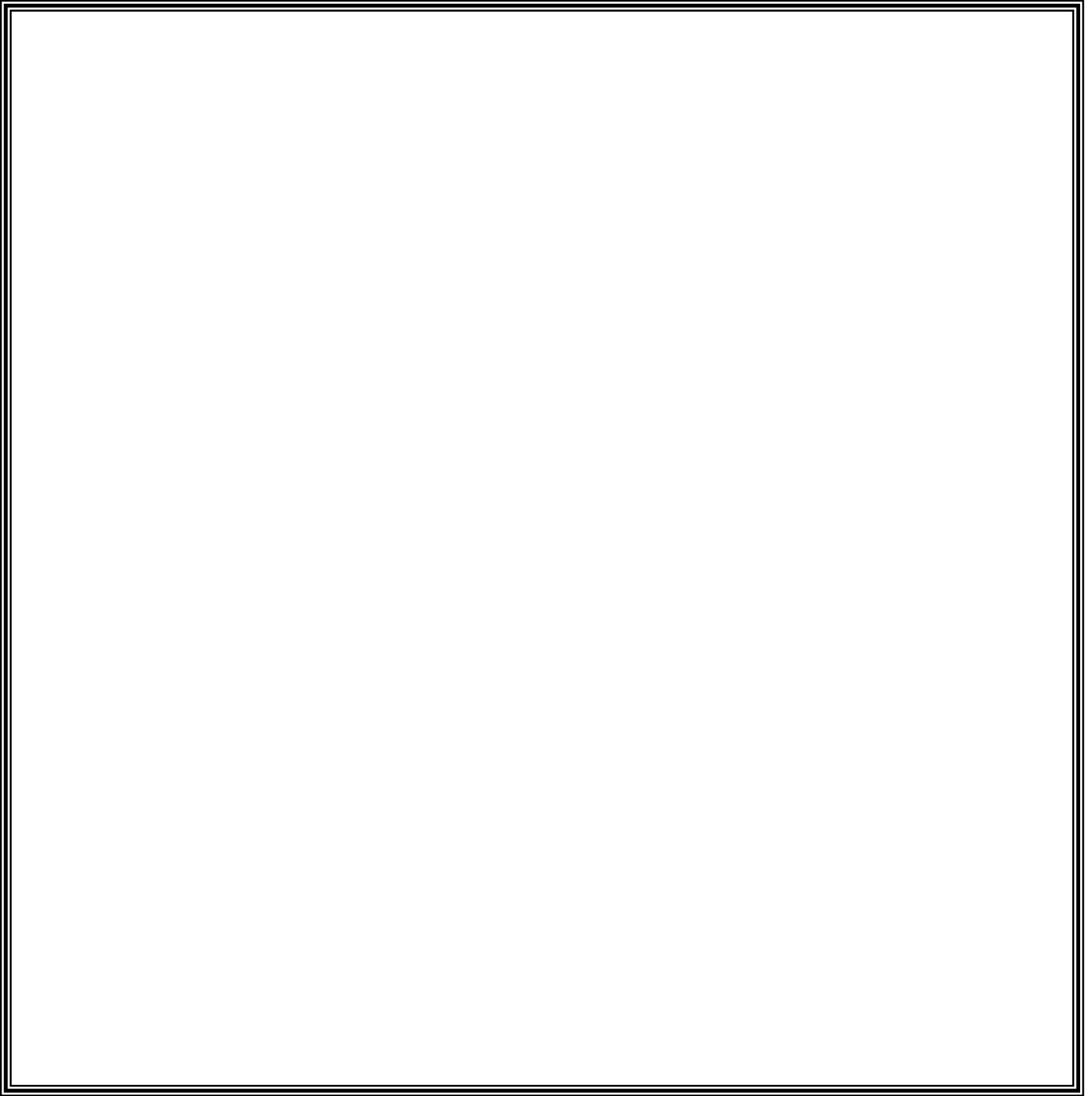
Signature of owner or authorized representative

Date

ON THE BACK OF THIS SHEET, PLEASE PROVIDE A SKETCH SHOWING THE LOCATION OF THE ABANDONED WELL.

<p>Office Use Only</p> <p>REVIEWED BY: _____</p>

Sketch showing the location of the abandoned well



Dimensions must be provided to accurately locate abandoned well