

Texas Department of License and Regulation

Water Well Driller/Pump Installer Program
 P.O. Box 12157 Austin, Texas 78711 (512)334-5540 FAX (512)463-8616
 Email address: water.well@tdlr.texas.gov

This form must be completed and filed with the department within 30 days following the plugging of the well.

PLUGGING REPORT

A. WELL IDENTIFICATION AND LOCATION DATA

1) OWNER

Name	Address	City	State	Zip
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2) WELL LOCATION

County	Physical Address	City	State	Zip
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3) Owner's Well No.	4) Lat.	5) Long.	Well Tracking#
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6) Type of Well Water Monitor Injection De-Watering Other:

Driller, Pump Installer, or Landowner performing the plugging operations must locate and identify the location of the well using a Global Positioning System (GPS) or Internet Mapping Website and provide the accurate Latitude and Longitude Coordinates in sections 4 and 5 above.

B) HISTORICAL DATA ON WELL TO BE PLUGGED (if available)

7) Driller:	License No.:
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8) Drilled / / /	9) Diameter of hole _____ Inches	10) Total depth of well _____ feet.
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C. CURRENT PLUGGING DATA

11) Date well plugged: / /	12) REMOVE ALL REMOVEABLE CASING
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13) Name of Licensee or Well Owner performing the plugging:	Please check box beside the method of plugging used
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License No.	Variance #
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14) CASING AND CEMENTING DATA RELATIVE TO THE PLUGGING OPERATIONS.

CASING LEFT IN WELL

DIAMETER (inches)	FROM (feet)	TO (feet)

- Tremie pipe cement from bottom to top.
- Tremie pipe bentonite from bottom to 2 feet from surface, cement top 2 feet.
- Pour in 3/8 bentonite chips when standing water in well is less than 100 feet depth, cement top 2 feet.
- Large diameter (36 inches or greater) well filled with clay material from top to bottom.
- Other describe in comments below

CEMENT/BENTONITE PLUG(S) PLACES IN WELL

FROM (feet)	TO (feet)	SACKS

COMMENTS

D. VALIDATION OF INFORMATION INCLUDED IN FORM

I certify that I plugged this well (or the well was plugged under my supervision) and that all of the statements herein are true and correct. I understand that failure to complete items 1 through 14 will result in the report(s) being returned for completion and resubmitted.

Company or individual's Name (type or print)			
Address	City	State	Zip
Signature Licensed Driller/Pump Installer	Date / /	Signature Apprentice or Unlicensed Assistant	Date / /