



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
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Norristown, PA 19404-0311
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Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
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Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

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: (Circle) Hilltop, Slope, Stream Terrace, Valley, Stream Channel, Draw, Local Depression, Flat

4. USE OF WELL: _____

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

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

6. AMOUNT OF
CASING REMOVED: _____ DIAMETER: _____

		neat	sand
		cement	cement
7. SEALING	bags (94 lb.):	_____	_____
MATERIAL:	gallons of water:	_____	_____
	yards of sand:	X	_____

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 _____, 20____, with our active participation and that we are qualified to participate in such abandonment actions.

a. Signature of Participant: _____ b. Signature of Participant: _____

Date: _____ Address: _____ Date: _____ Address: _____