

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

WELL ABANDONMENT REPORT

			PCHD Well Abandonment Permit # _____
please print or type			
Well Location	Street Address:	Town/Village	Tax Grid # Map Block Lot
Well Owner	Name:	Address:	
Well Type	<input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Gravel <input type="checkbox"/> Other		
Depth of Well	Well Depth _____ ft	Static Water Level _____ ft	Date Measured _____
Reason for Abandonment			
Description of Completed Work			

WELL ABANDONMENT CERTIFICATION

I, undersigned, hereby certify that the abandonment of the above-referenced water well has been accomplished and completed in accordance with the methods described in Permit # _____ to abandon said water well.

Date: _____

Signature: _____

Print Name: _____

Address: _____
