

**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 #		
Well Owner	Name:	Address:			
Well Type	Drilled	Driven	Dug	Gravel	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: _____

One copy - HD File; One copy - Building Inspector; One copy - Owner; One copy - Well Driller