



**DISCHARGE WELL & FLOOR DRAIN  
 PRE-CLOSURE NOTIFICATION FORM**

*This form should be submitted to DES 30 days prior to floor drain closure.*

**Facility Information:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Deed Reference Book: \_\_\_\_\_ Page: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Facility Owner Information:**

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Property Owner Information (complete only if different from facility owner)**

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Person Information (complete only if different from facility owner)**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Discharge Well(s):  Drywell  Septic Tank  Cesspool

Leachfield  Other \_\_\_\_\_

Type of Wastewater Discharge: \_\_\_\_\_

Total No. of Discharge wells: \_\_\_\_\_ Years in Existence: \_\_\_\_\_

Average Flow (gallons per day): \_\_\_\_\_ Proposed Date of Closure: \_\_\_\_\_

Describe Method of Closure: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** Discharge wells must be closed in a manner that will not allow the movement of fluids containing any contaminant into the groundwater. Additionally, you must dispose or otherwise manage any soil, gravel, sludge, etc. or other material(s) removed from and/or adjacent to your discharge well in accordance with all federal, state and local regulations and requirements