

Well Number

State of New Hampshire
Water Well Board
PO Box 95
Concord, NH 03302-0095

Identification # _____

Latitude _____

Longitude _____

(FOR CONTRACTOR'S USE)

This report must be submitted to the N.H.
Water Well Board no later than **90 days** after
the well was decommissioned.

Abandoned Well Registration Report

Please Report Coordinates in:
Map Datum: WGS 84
Position Format: hddd°mm.mmm

1. **Well Owner:** _____
Name Permanent Mailing Address

Building Contractor: _____
Name Permanent Mailing Address

2. **Location of Well:** Town _____ Address _____
Street No Road Name

Subdivision Name _____ Subdivision Lot No. _____

Town Tax Map and Lot No: Map No. _____ Lot No. _____

3. **Type of Well:** Drilled in Bedrock Drilled in Gravel Dug Wash / Point

4. **Use Type:** Domestic Public Irrigation Commercial Monitoring

5. **Reason for Abandonment:** Insufficient Yield Poor Aesthetic Quality Contaminated Disrepair Failed Well
 Isolation Distances No Longer In Use Other _____

6. **Current Status:** Decommissioned Not Decommissioned Wellhead Left Above Grade and Covered

7. **Date Well was Decommissioned:** _____

8. **Depth of Well:** _____ ft., **Static Water Level:** _____ feet below land surface.

9. **Casing:** Length _____ ft., Diameter _____ in., Material _____

10. **Method Used for Sealing:** Filled with Grout Pressure Grout

11. **Quantity of Materials Used:** Neat Cement _____ No. of Units Cement / Bentonite Grout _____ No. of Units

Premixed Bentonite Grout _____ No. of Units Bentonite Chips _____ No. of Units Other _____ No. of Units

12. **Additional Information:**

Doing Business as _____
Company or Business Name

Report Filed by _____
Licensee Signature

Date of Report _____ License No. _____

Use Back Side If Necessary