



PLUGGING REPORT FOR Groundwater Wells and Water Well Test Holes

Oklahoma Water Resources Board
3800 North Classen Boulevard
Oklahoma City, OK 73118
Telephone (405) 530-8800

Legal Location of Water Well or Boring

Do Not Write In This Space
Well Record ID Number _____

North

One Mile
Each square is 10-acres
Please Plot Well Location

Section _____
Township _____ North South Range _____ WIM EIM ECM

Latitude _____ Longitude _____

Date collected (latitude and longitude), if different from date the well was drilled: _____
Method latitude and longitude was collected: GPS-uncorrected data,
 GPS-corrected data (WASS), GPS-corrected data (DGPS), GPS-corrected to base station

County _____ Variance Request No. (if applicable) _____ Water Right Permit No. _____

WELL OWNER - NAME AND ADDRESS

Well Owner _____ Phone _____
Address/City/State _____ Zip _____
Finding Location _____

TYPE OF WELL OR BORING BEING PLUGGED

Groundwater Test Hole Groundwater well Geothermal/Heat Pump

USE OF WELL BEFORE PLUGGING *Indicate the use of the well being plugged, to the best of your knowledge..

Use of well: _____

PLUGGING INFORMATION

Date Well or Boring Was Plugged: _____ Total depth of well being plugged (feet): _____

Was the well contaminated or was it plugged as though it was contaminated? Yes No

If the well or boring was plugged as if it was contaminated, was the casing removed or perforated? Yes No

Backfilled with:

Native Materials, Clean Washed Sand, Other Describe: _____
Backfilled from _____ feet to _____ feet

Grouted with:

Cement Grout, Cement Grout/Bentonite, H.S. Bentonite Grout, Bentonite Pellets, Bentonite Granules/Chips
Grouted From _____ feet to _____ feet Was Grout Tremied? Yes No

Grouted with:

Cement Grout, Cement Grout/Bentonite, H.S. Bentonite Grout, Bentonite Pellets, Bentonite Granules/Chips
Grouted From _____ feet to _____ feet

CERTIFICATION

The work described above was done under my supervision. This report is correct to the best of my knowledge.

Firm Name _____ D/PC No. _____
Operator Name _____ OP No. _____
Signature _____ Date _____