

# Texas Department of License and Regulation

Water Well Driller/Pump Installer Program  
 P.O. Box 12157 Austin, Texas 78711 (512)463-7880 FAX (512)463-8616  
 Email address: [water.well@license.state.tx.us](mailto:water.well@license.state.tx.us)

This form must be completed and filed with the department within 30 days following the plugging of the well.

## PLUGGING REPORT

### A. WELL IDENTIFICATION AND LOCATION DATA

#### 1) OWNER

Name	Address	City	State	Zip
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#### 2) WELL LOCATION

County	Physical Address	City	State	Zip
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3) Owner's Well No.	Long.	Lat.	Grid #
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4) Type of Well     Water     Monitor     Injection     De-Watering    5) N-

Drill, Pump Installer, or Landowner performing the plugging operations **must** locate and identify the location of the well within a specific grid on a full scale gridded map available from Texas Natural Resource Information Service. The location of the well should be denoted within the grid by placing a corresponding dot in the square to the right. The legal description is optional.

### B) HISTORICAL DATA ON WELL TO BE PLUGGED (if available)

6) Driller	License No.
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7) Drilled    /    /    8) Diameter of hole \_\_\_\_\_ Inches    9) Total depth of well \_\_\_\_\_ feet.

### C. CURRENT PLUGGING DATA

10) Date well plugged    /    /

12) Name of Driller/Pump Installer or Well Owner performing the plugging

License No.

#### 13) CASING AND CEMENTING DATA RELATIVE TO THE PLUGGING OPERATIONS. CASING LEFT IN WELL

DIAMETER (inches)	FROM(feet)	TO (feet)

#### 11) REMOVE ALL REMOVEABLE CASING

Please check box beside the method of plugging used

- Tremmie pipe cement from bottom to top.
- Tremmie pipe bentonite from bottom to 2 feet from surface, cement top 2 feet.
- Pour in 3/8 bentonite chips when standing water in well is less than 100 feet depth, cement top 2 feet.
- Large diameter well filled with clay material from top to bottom.

#### CEMENT/BENTONITE PLUG(S) PLACES IN WELL

FROM (feet)	TO (feet)	SACKS

#### COMMENTS

### D. VALIDATION OF INFORMATION INCLUDED IN FORM

I certify that I plugged this well (or the well was plugged under my supervision) and that all of the statements herein are true and correct. I understand that failure to complete items 1 through 13 will result in the report(s) being returned for completion and resubmitted.

Company or individual's Name (type or print)

Address	City	State	Zip
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Signature Licensed Driller/Pump Installer	Date	Signature Apprentice	Date
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