

Plugging Report for Monitoring Wells

Facility I.D. # _____

Facility		Owner	
Name:		Name:	
Address:		Address:	
Total Number of Wells Plugged			
Four-inch Wells	Two-inch Wells	One-inch Wells	
Total Linear Feet of Wells Plugged			
Four-inch Wells	Two-inch Wells	One-inch Wells	
No. of Recovery Vaults Plugged		Date Plugging Completed	
Deviations from Work Plan			
(If any wells were not plugged, list each well and provide an explanation for each.)			
Wells Plugged By			
Name of Contractor Company:			
<i>I certify under penalty of law that the wells indicated in this and all attached documents have been plugged according to the procedures listed in this document and the Office of Land and Water Resources regulations. I believe that the submitted information is true, accurate, and complete.</i>			
Contractor's Signature			Date