

Rev 3/08	DATE WELL WAS SEALED MM DD YY ____ _	STATE OF WEST VIRGINIA WATER WELL ABANDONMENT REPORT	FORM SW-261 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER ABANDONMENT IS COMPLETED
ST/CO USE ONLY DATE RECEIVED MM DD YY ____ _	WELL ABANDONMENT PERMIT NO. -----		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

ABANDONMENT WELL LOCATION

Owner: LAST NAME _____ FIRST NAME _____

STREET/ROAD _____ COUNTY _____ ZIP CODE _____

AREA NAME/LOCATION: _____

Latitude: _____ Deg _____ Min _____ Sec
Longitude: _____ Deg _____ Min _____ Sec
Acquired By: GPS Topo Other

The well was plugged with the following materials at the indicated intervals:

Amount and Type of Material	Method of Placement	Interval	
		From (ft)	To (ft)
Intervals of casing removed/ripped in feet			

COMMENTS:

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name _____ WV Contractor No. _____ Business Franchise Number _____

Master Well Driller Certification No. _____

Master Well Driller (print) _____ Master Well Driller Signature _____

SITE SUPERVISOR:
(SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER)

Journeyman Well Driller Certification No. _____

Journeyman Well Driller (please print) _____ Apprentice Name(s) _____