

**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	<input type="checkbox"/> Water	<input type="checkbox"/> Monitor	<input type="checkbox"/> Injection	<input type="checkbox"/> De-Watering	5) <b>NT</b>
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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.
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**C. CURRENT PLUGGING DATA**

10) Date well plugged / /
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12) Name of Driller/Pump Installer or Well Owner performing the plugging
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License No.
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**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 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)
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Address	City	State	Zip
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Signature Licensed Driller/Pump Installer	Date	Signature Apprentice	Date
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