

### CLASS V WELL PRE-CLOSURE NOTIFICATION FORM

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
OFFICE OF GROUND WATER AND DRINKING WATER

1. Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Location: \_\_\_\_\_

2. Name of Owner/Operator: \_\_\_\_\_

Address of Owner/Operator: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

3. Type of well(s): \_\_\_\_\_ Number of well(s): \_\_\_\_\_

4. Well construction (check all that apply):

- Drywell                       Septic Tank                       Cesspool
- Improved sinkhole             Drainfield/leachfield             Other \_\_\_\_\_

5. Type of discharge:

\_\_\_\_\_  
\_\_\_\_\_

6. Average flow (gallons/day): \_\_\_\_\_ 7. Year of well construction: \_\_\_\_\_

8. Type of well closure (check all that apply):

- Sample fluids/sediments                       Clean out well
- Appropriate disposal of remaining fluids/sediments     Install permanent plug
- Remove well & any contaminated soil                       Conversion to other well type
- Other (Describe): \_\_\_\_\_

9. Proposed date of well closure:

\_\_\_\_\_

10. Name of preparer: \_\_\_\_\_ Date: \_\_\_\_\_

#### PAPERWORK REDUCTION ACT NOTICE

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Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.