



**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

# St. Joseph County Department of Health

*"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."*

## WELL ABANDONMENT LOG

### Well Location

Water Supply Well Permit #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

### Well Abandonment (Per County Code 52 and 312 IAC 13-10)

Material used to seal well: \_\_\_\_\_ Amount used: \_\_\_\_\_

Diameter of well: \_\_\_\_\_ inches

Well filled from: \_\_\_\_\_ feet below surface to \_\_\_\_\_ feet below surface

Casing cut at: \_\_\_\_\_ feet Length of drop pipe removed: \_\_\_\_\_

Concrete plug installed over borehole: Yes \_\_\_\_\_ No \_\_\_\_\_

**Wells shall be abandoned within 2 days of installing the new well. This Log shall be submitted to the Department of Health within 30 days after the well has been abandoned.**

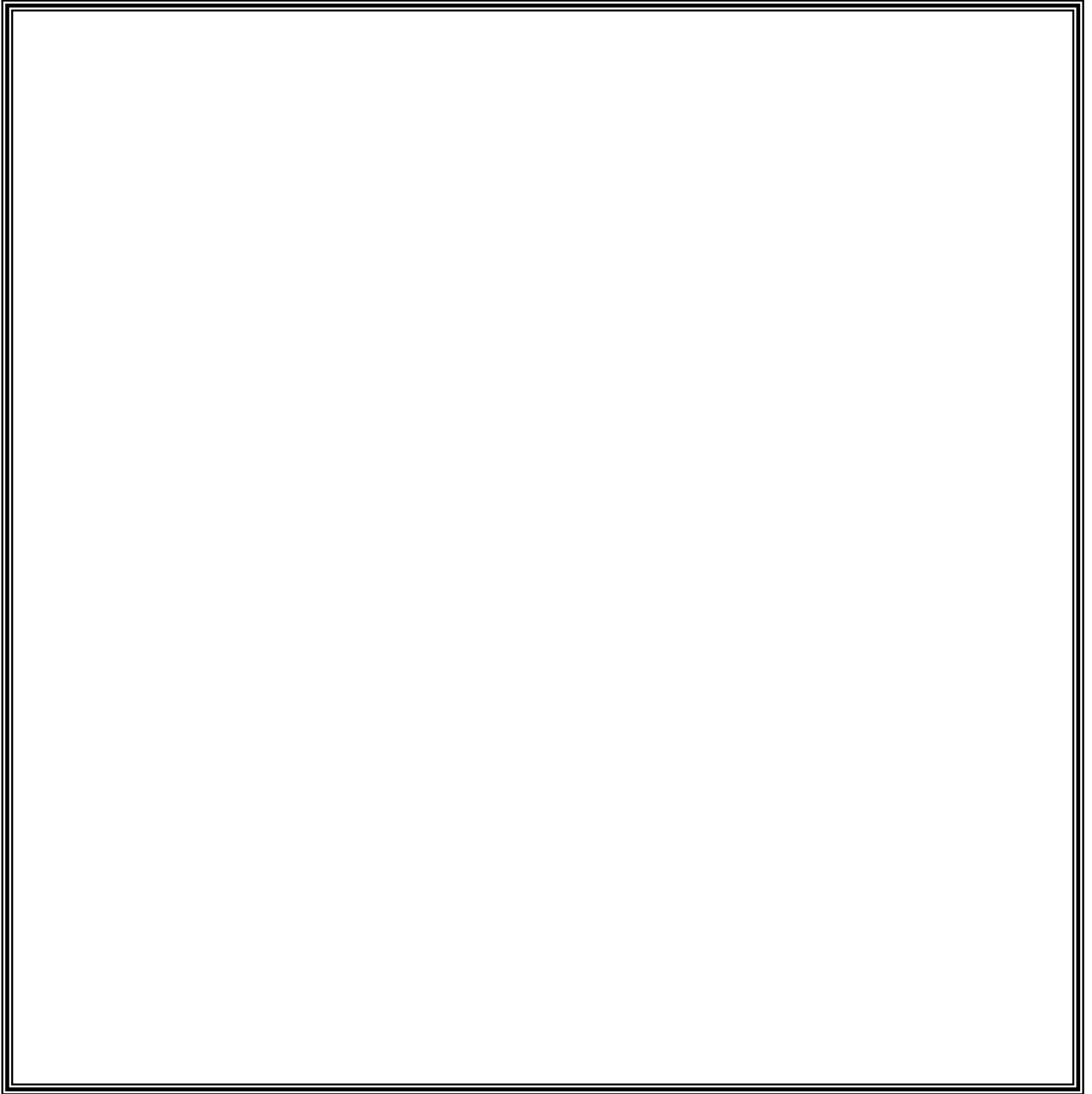
I certify that the abandonment of this well has been performed in full compliance with all requirements of County Code 52 and 312 IAC 13-10.

\_\_\_\_\_  
Signature of licensed well driller

\_\_\_\_\_  
Date

**PROVIDE A SKETCH SHOWING THE LOCATION OF THE ABANDONED WELL  
ON THE BACK OF THIS SHEET**

Water Well Supply Permit # \_\_\_\_\_  
Sketch showing the location of the abandoned well.



Dimensions must be provided to accurately locate abandoned well.