



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

St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

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.