

**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 #

4) Type of Well       Water       Monitor       Injection       De-Watering      5) NT

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.

7) Drilled      /      /      8) Diameter of hole      Inches      9) Total depth of well      feet.

**C. CURRENT PLUGGING DATA**

10) Date well plugged      /      /	11) REMOVE ALL REMOVEABLE CASING Please check box beside the method of plugging used  <input type="checkbox"/> Tremmie pipe cement from bottom to top.  <input type="checkbox"/> Tremmie pipe bentonite from bottom to 2 feet from From surface, cement top 2 feet.  <input type="checkbox"/> Pour in 3/8 bentonite chips when standing water in well is less than 100 feet depth, cement top 2 feet.  <input type="checkbox"/> Large diameter well filled with clay material from top to bottom.
12) Name of Driller/Pump Installer or Well Owner performing the plugging	
License No.	

**13) CASING AND CEMENTING DATA RELATIVE TO THE PLUGGING OPERATIONS**

**CASING LEFT IN WELL**

DIAMETER (inches)	FROM (feet)	TO (feet)

**CEMENT/BENTONITE PLUG(S) PLACES IN WELL      COMMENTS**

FROM (feet)	TO (feet)	SACKS	

**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)

Address	City	State	Zip
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Signature      /      /      Signature      /      /

Licensed Driller/Pump Installer      Date      Apprentice      Date