

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____	DATE WELL WAS SEALED MM DD YY ____ ____ ____ WELL ABANDONMENT PERMIT NO. -----	STATE OF WEST VIRGINIA WATER WELL ABANDONMENT REPORT	FORM SW-261 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER ABANDONMENT IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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ABANDONMENT WELL LOCATION

Owner: LAST NAME _____ FIRST NAME _____

STREET/ROAD _____ COUNTY _____ ZIP CODE _____

AREA NAME/LOCATION: _____
 Latitude: _____ Deg _____ Min _____ Sec
 Longitude: _____ Deg _____ Min _____ Sec
 Acquired By: GPS Topo Other

The well was plugged with the following materials at the indicated intervals:

Amount and Type of Material	Method of Placement	Interval	
		From (ft)	To (ft)
Intervals of casing removed/ripped in feet			

COMMENTS:

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name _____ WV Contractor No. _____ Business Franchise Number _____
 Master Well Driller Certification No. _____
 Master Well Driller (print) _____ Master Well Driller Signature _____

SITE SUPERVISOR
 (SIGNATURE OF DRILLER OR JOUNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FOM MASTER DRILLER)

Journeyman Well Driller Certification No. _____
 Journeyman Well Driller (please print) _____
 Apprentice Name (s) _____, _____