

WATER WELL STATUS/ACTION REPORT

Please complete all questions. Please print or type information or place an "x" in the appropriate space.

Capped _____ **Plugged** _____ **Pump removal** _____ **Meter replacement** _____

Well Owner _____ Phone _____

Address _____

Company Contact Name & Phone _____

Unit Designation (if applicable) _____

Surface Land Owner Name & Phone _____

Water Well Drilling Company _____ Phone _____

Address _____

Driller _____ Drillers state license # _____

Location: County _____ Nearest 911 Address _____

Date of Registration Application _____ State Well # (Tracking No.) _____

Well Location: Latitude _____ Longitude _____

If well site is not readily visible from a public road at the above 911 address, give written directions to the site or attach a map which will provide adequate directions to the site.

Total water usage since installation (Meter reading) _____

Name of party to whom well is transferred (if applicable) _____

Address _____ Phone _____

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Signature of Well Owner or Agent _____ Date _____

For: _____

Notes/Comments: _____
