



Massachusetts Department of Environmental Protection
Bureau of Resource Protection
DECOMMISSIONED WELL REPORT

Note: GPS coordinates must be in WGS84 datum, in degrees decimal degree format.

1. WELL LOCATION								
GPS (Required) North ____ ° ____ ' ____ " West ____ ° ____ ' ____ "								
Address at Well Location _____ <input type="checkbox"/> Property Owner _____								
Subdivision/Property Description: _____ <input type="checkbox"/> Engineering Firm _____								
City/Town _____ In public right-of-way? <input type="checkbox"/> Mailing Address _____								
Assessors Map _____ Assessors Lot # _____ City/Town _____ State _____								
Board of Health permit obtained <input type="checkbox"/> Yes <input type="checkbox"/> Not Required Permit Number _____ Date Issued _____								
2. WELL INFORMATION								
Date decommissioned _____				Depth of decommissioned well _____				
Number of wells decommissioned in group _____				Area of group (sq. ft) _____				
3. ADDITIONAL INFORMATION (IF AVAILABLE)								
Well Type Prior to Decommission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Original WCR # for Decommissioned Well _____				
Well ended in formation type <input type="checkbox"/> Overburden <input type="checkbox"/> Bedrock				Was a new well drilled? <input type="checkbox"/> Yes <input type="checkbox"/> No		WCR # for New Well _____		
DEP 21E Site # _____				DEP Groundwater Discharge # _____				
4. CASING								
Casing Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Casing Diameter _____				
Was casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No				From _____ To _____		Was casing ripped or perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were obstructions left in the well? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what type? _____				
5. WATER LEVEL						6. SURFACE SEAL		
Date Measured _____		Static Depth BGS (ft) _____		Flowing Rate (gpm) _____		<input type="checkbox"/> <input type="checkbox"/>		
7. DECOMMISSIONING MATERIAL								
From (ft BGS)	To (ft BGS)	Material 1	Weight	Material 2	Weight	Water (gal)	Batches	Method of Placement
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
8. COMMENTS								
9. WELL DRILLERS STATEMENT								
This well was decommissioned under my direct supervision, according to the applicable rules and regulations, and this report is complete and accurate to the best of my knowledge.								
Driller _____		Supervising Driller Signature _____		Certification # _____				
Company _____				Date Job Complete _____				

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.