



**Well Driller Program  
Well Completion Report Correction and Change Request**

**I. INSTRUCTIONS**

Only MassDEP staff can make a change to a Well Completion Report previously submitted to MassDEP. This form may only be used to request a correction in a previously submitted report and may not be used for a physical change in a well. Multiple changes for a specific well may be requested on this form.

You must include a copy of the report to be corrected or changed. You must complete all sections and be specific about the exact change(s) to be made by crossing out the error and write or type in the correct information.

Mail this form and Well Completion Report with specific corrections to: MassDEP, Drinking Water Program One Winter Street 5<sup>th</sup> Floor, Boston MA 02108. Attention Well Drillers

**II. REPORTING INFORMATION**

Well Report Number:		Date Report Was Submitted:	
Well Address:			
City/Town:			
MA Well Driller Number:			
Driller Name:			
Company:			
Change Requested and Reason for Change:			

**III. SIGNATURE**

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

Print Name:		Title:	
Signature:		Date:	
Email:		Phone:	