



**CHESPROCOTT HEALTH DISTRICT**  
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**WELL ABANDONMENT, VERIFICATION OF WORK COMPLETED**

Procedures followed: All procedures used to abandon a well shall follow regulations established under Section 25-128-56 and §25-128-57 of the State of Connecticut Well Drilling Board (see attachment). These regulations require that a registered well drilling contractor perform the work.

Well Information:

Town: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Location of well (if different from above): \_\_\_\_\_

Type of well (drilled, point, dug, etc.): \_\_\_\_\_

Depth of well: \_\_\_\_\_

Diameter of well: \_\_\_\_\_

Length of casing: \_\_\_\_\_

Work detail and other information:

Name of registered well driller performing work: \_\_\_\_\_

Registered well driller's license #: \_\_\_\_\_

Materials Used: Amount of sand: \_\_\_\_\_

Amount and type of grout: \_\_\_\_\_

Description of work completed: \_\_\_\_\_

\_\_\_\_\_

Date work complete: \_\_\_\_\_

Signed: \_\_\_\_\_

Print : \_\_\_\_\_