

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711 • (512) 334-5540

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PLUGGING REPORT									
A. WELL IDENTIFICATION AND LOCATION DATA									
1.*Owner Name:									
Mailing Address:									
2.*Well Location:			ſ						
County:	Physi	ical Address	:		City:		State:	Zip Code:	
3. Owner Well #:		4. *Lat:			5. Long:		Tracking #:		
6.*Type of Well: Water Monitor Injection De-watering Other:									
Driller, Pump Installer, or Landowner performing the plugging operations must locate and identify the location of the well using a Global Positioning System (GPS) or Internet Mapping Website and provide the accurate Latitude and Longitude Coordinates in sections 4 and 5 above.									
B. HISTORICAL DATA ON WELL TO BE PLUGGED (if available)									
7. Driller:						License No.:			
8. Date Drilled:	9. Diameter of Hole:					10. Total depth of well:ft.			
C. CURRENT PLUGGING DATA									
11. *Date well plugged:						12. *REMOVE ALL REMOVABLE CASING Please click a button beside the method of plugging used.			
13. *Name of Licensee or Well Owner performing the plugging:						Tremie pipe cement from bottom to top.			
License No.: Variance No.:						Tremie pipe bentonite from bottom to 2 feet			
14. *CASING AND CEMENTING DATA RELATIVE TO THE PLUGGING OPERATIONS. CASING LEFT IN WELL						from surface, cem	-		
DIAMETER (inches)				*TO:	(feet)	Pour in 3/8 bentonite chips when standing water in well is less than 100 feet depth, cement top 2 feet.			
						Large diameter (3 filled with clay ma			
						Other: Describe in	n comments.		
CEMENT/BENTONITE PLUG(S) PLACED IN WELL						COMMENTS:			
*FROM: (feet)		*TO: (feet)	*SA	CKS				
D. VALIDATION INFORMATION INCLUDED IN FORM									
I certify that I plugged this well (or the well was plugged under my supervision) and that all of the statements herein are true and correct. I understand that failure to complete items 1 through 14 will result in the report(s) being returned for completion and resubmitted.									
*Company or Individual's Name (type or print):									
*Street Address, City, State, Zip Code:									
Licensee or Landowner						e or Unlicensed Assistant Date			
Original to TDLR			Copy to Landowner and Dr			riller	*R	equired	