



TOWN OF OXFORD

Board of Health

325 Main Street, Oxford, MA 01540

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APPLICATION FOR ABANDONMENT OF WELL

Upon decommissioning any well, the well driller shall submit to the Board a "Report of Decommission" within ten days of completion. The report shall include the following:

OWNERS NAME: _____

ADDRESS: _____

TELEPHONE: _____

WELL DRILLER NAME: _____

ADDRESS: _____

TELEPHONE: _____

LOCATION OF WELL: _____
(Sketch may be included with ties to permanent markers)

REASON FOR ABANDONMENT: _____

ALL WELL CHARACTERISTICS: _____

LIST OF PLUGGING MATERIALS USED: _____

PLUGGING PROCEDURE USED: _____

Signature of registered well driller *

Date

*Signature certifies that the well was abandoned in accordance with Oxford Board of Health Regulations.