# PLUGGING REPORT FOR

**Groundwater Wells and Water Well Test Holes**

Oklahoma Water Resources Board  
3800 North Classen Boulevard  
Oklahoma City, OK 73118  
Telephone (405) 530-8800

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**Legal Location of Water Well or Boring**

<table>
<thead>
<tr>
<th>North</th>
<th>Section</th>
<th>Township</th>
<th>Range</th>
<th>WIM</th>
<th>EIM</th>
<th>ECM</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Mile</td>
<td>Each square is 10-acres</td>
<td>Please Plot Well Location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do Not Write In This Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Record ID Number</td>
</tr>
</tbody>
</table>

**County** ________________  

**Variance Request No. (if applicable)** ________________  

**Water Right Permit No.** ________________

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**WELL OWNER – NAME AND ADDRESS**

**Well Owner** ________________  

**Phone** ________________

**Address/City/State** ________________  

**Zip** ________________

**Finding Location** ________________

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**TYPE OF WELL OR BORING BEING PLUGGED**

- [ ] Groundwater Test Hole  
- [ ] Groundwater well  
- [ ] Geothermal/Heat Pump

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**USE OF WELL BEFORE PLUGGING** *Indicate the use of the well being plugged, to the best of your knowledge.*

**Use of well:** ________________

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**PLUGGING INFORMATION**

**Date Well or Boring Was Plugged:** ________________  

**Total depth of well being plugged (feet):** ________________

**Was the well contaminated or was it plugged as though it was contaminated?**  

- [ ] Yes  
- [ ] No

**If the well or boring was plugged as if it was contaminated, was the casing removed or perforated?**  

- [ ] Yes  
- [ ] No

**Backfilled with:**

- [ ] Native Materials,  
- [ ] Clean Washed Sand,  
- [ ] Other  

**Describe:** ________________

**Backfilled from** ________________ to ________________ feet

**Grouted with:**

- [ ] Cement Grout,  
- [ ] Cement Grout/Bentonite,  
- [ ] H.S. Bentonite Grout,  
- [ ] Bentonite Pellets,  
- [ ] Bentonite Granules/Chips

**Grouted From** ________________ to ________________ feet  

**Was Grout Tremied?**  

- [ ] Yes  
- [ ] No

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**CERTIFICATION**

*The work described above was done under my supervision. This report is correct to the best of my knowledge.*

**Firm Name** ________________________________  

**D/PC No.** ________________________________

**Operator Name** ________________________________  

**OP No.** ________________________________

**Signature** ________________________________  

**Plugging Record for Groundwater & Monitoring Wells** ________________  

**www.owrb.ok.gov**  

**March 2015**