



Aspetuck
Health District

Inspection Fee \$110.00

EXISTING WELL ABANDONMENT

Date: _____

On _____, an inspection of the existing well located at
(Date)

_____ revealed that the well had been
(Address)

properly disconnected and abandoned. The reason for abandonment is:

- Demolition of a structure.
 Other (State reason). _____

This property has:

- Public water
 Private well water

Well Driller: _____ Phone: _____
(Company)

Contact Name: _____ Email: _____

cc: File

(Sanitarian)