



Westport Weston  
Health District

**Inspection Fee \$110.00**

## EXISTING WELL ABANDONMENT

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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 \_\_\_\_\_  
(Name) (Address)

cc: File

\_\_\_\_\_  
(Sanitarian)