Dry Well Reporting Form

Virginia Department of Environmental Quality
Office of Ground Water Characterization

Well Owner Name:

Well Owner Phone # or Email:

Is it O.K. for a Geologist from DEQ to contact you? Yes No

Street Address or Latitude/Longitude Where Well is Located:

Description of Problem:

When did you first notice this problem?

Have you had anybody look at the well?

Do you have the Well Completion Report for the well?
(If yes, please attach a copy)

Mail or Email a copy of this form with as much information as you can fill out to:

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