



DORCHESTER COUNTY
HEALTH DEPARTMENT

WELL ABANDONMENT AGREEMENT

Date

I, (We), the undersigned, _____
(Please Print) Property Owner(s) Name

agree to have _____ abandon and seal the
(Please Print) Name of Well Drilling Firm

existing well which is being replaced at _____
(Please Print) Address of Property

Tax Map # Block # Parcel # Subdivision Name Lot #

Signature of Property Owner

Signature of Property Owner

Please complete, sign and return to:
Dorchester County Health Department
Division of Environmental Health
3 Cedar Street
Cambridge, MD 21613
dchd.environmental@maryland.gov