

Well Completion Data Form

Report Completion Date: _____

For New Construction Under Repair/Modification Completed Abandoned Wells

Property Owner Information			
Property Owner Name:		Phone:	Email:
Company / Farm / Municipality / Water System Name:			
Address:			
(No. and Street)		(City)	(State) (Zip)
Well Contractor Information			
Onsite Well Driller Name:		License No.	Phone:
Well Contractor Company Name:			
Address:			
(No. and Street)		(City)	(State) (Zip)
Drilling under direction of Professional Geologist or Engineer Name: _____			License No.
Well Information			
<input type="checkbox"/> Public Drinking <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural / Irrigation Well <input type="checkbox"/> Bore/core hole <input type="checkbox"/> Dewatering <input type="checkbox"/> Individual Drinking <input type="checkbox"/> Geothermal <input type="checkbox"/> Test / Monitoring <input type="checkbox"/> Injection <input type="checkbox"/> Other Well Type: _____			
Well Application or Permit Number: _____		Public Water System ID: _____	
<input type="checkbox"/> Permit/Concurrence Letter On-site		Public Water System Well Number: _____	
County where well is located: _____		Latitude: _____ Longitude: _____ Elevation: _____	
Well Construction Description			
Well Drilling Information		<input type="checkbox"/> Rotary	<input type="checkbox"/> Percussion
Total depth of well: _____ ft. Below Land Surface		<input type="checkbox"/> Jetted	<input type="checkbox"/> Auger
Static water level: _____ ft. BLS		<input type="checkbox"/> Horizontal	<input type="checkbox"/> Hand-Driven
Date static water level measured: _____		<input type="checkbox"/> Bored	<input type="checkbox"/> Cable Tool
		<input type="checkbox"/> Hydraulic Pt.	
Drill Hole Diameter		Date Drilled:	
Size _____ in., from 0 ft. to _____ ft.		Grouting (<input checked="" type="checkbox"/> as applicable)	
Size _____ in., from _____ ft. to _____ ft.		Method: <input type="checkbox"/> Casing <input type="checkbox"/> Tremie <input type="checkbox"/> Packer <input type="checkbox"/> Halliburton <input type="checkbox"/> Under Pressure	
Size _____ in., from _____ ft. to _____ ft.		Type: <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other:	
		<input type="checkbox"/> Present From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
Casing Record (<input checked="" type="checkbox"/> as applicable)		Permanent Pump Data (<input checked="" type="checkbox"/> as applicable)	
Primary: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless		Pump Type: _____	
<input type="checkbox"/> PVC <input type="checkbox"/> Not Cased <input type="checkbox"/> Other: _____		Pump Diameter: _____	Outlet size: _____
Secondary: <input type="checkbox"/> Telescope <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing		Motor HP: _____	Motor RPM: _____
Wall Thickness _____ in.		Pump Capacity: _____ GPM	Total Dynamic Head: _____ ft.
Weight per foot _____ SDR _____		Pump Set at: _____ ft.	Pump Disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Size: _____ in., from 0 ft. to _____ ft.		Meter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Meter Size & Rating:
Size: _____ in., from _____ ft. to _____ ft.		Casing Vent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sample Tap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Size: _____ in., from _____ ft. to _____ ft.		Air Line: <input type="checkbox"/> Yes <input type="checkbox"/> No Depth _____ ft.	Diameter _____ in.
Size: _____ in., from _____ ft. to _____ ft.		Chemigation check valve installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Well Screen (if installed)		Test Pump Data (<input checked="" type="checkbox"/> as applicable)	
Type material _____		Date Tested: _____	Static water level: _____ ft. BLS
Size: _____ in., from _____ ft. to _____ ft.		Test Pump Rated: _____ GPM _____ HP	
Size: _____ in., from _____ ft. to _____ ft.		Total Continuous Hours Tested: _____	
Size: _____ in., from _____ ft. to _____ ft.		Water Level Stabilized: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Size: _____ in., from _____ ft. to _____ ft.		Hours before Stabilization: _____ Sustained Yield: _____ GPM	
Gravel Pack from _____ ft. to _____ ft.		Total Drawdown: _____ ft. Specific Capacity: _____ GPM/ft.	
Gravel Pack from _____ ft. to _____ ft.		Pumping Water Level: _____ ft.	
Gravel Pack from _____ ft. to _____ ft.		Number of Minutes to Recover: _____	
Gravel Disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No		Well Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No

