

*Indicates required field or section
 **Indicates required field or section, if applicable

1. Contact Information*

Contact:	Name	Address	Phone
Owner			
Driller			
System Provider			

2. Well Location*

Physical Address:	County/City:						
Subdivision Name:	Section:	Block:	Lot:				
Tax Map/GPIN #:							
Latitude:	N	Longitude:	W				
Datum Source	Horizontal:	<input type="radio"/> WGS84	<input type="radio"/> NAD83	<input type="radio"/> NAD27			
Lat/Long Source (Check One):	<input type="radio"/> Map	<input type="radio"/> GPS	<input type="radio"/> PPDGPS	<input type="radio"/> Survey	<input type="radio"/> Imagery	<input type="radio"/> WAAS	<input type="radio"/> RTK
Location Information Collected By :							
Physical Location Description:							

3. Facility & Use*

Type of Facility (Check One):	Type of Use (Check All That Apply):
<input type="radio"/> Private <input type="radio"/> Waterworks <input type="radio"/> Observation/Monitoring Well	<input type="radio"/> Drinking/Domestic Use <input type="radio"/> Manufacturing <input type="radio"/> Geothermal (Cooling/Heating) <input type="radio"/> Closed <input type="radio"/> Open: <input type="radio"/> Returned to Surface <input type="radio"/> Returned to Aquifer <input type="radio"/> Agricultural <input type="radio"/> Irrigation <input type="radio"/> Fire Safety <input type="radio"/> Food Processing <input type="radio"/> Injection

4. Well Construction*

Well designation, Name or Number:												
Date Started:	Date Completed:	Type Rig:										
Well Class (select one):	<input type="radio"/> I	<input type="radio"/> II	<input type="radio"/> IIIA	<input type="radio"/> IIIB	<input type="radio"/> IIIC	<input type="radio"/> IVA	<input type="radio"/> IVB	<input type="radio"/> IVC	Legacy Only: <input type="radio"/> IIA	<input type="radio"/> IIB	<input type="radio"/> IV	
Construction Type:	<input type="radio"/> New	<input type="radio"/> Existing-Modified:	<input type="radio"/> Well	<input type="radio"/> Pump:	Date							
Well Depth:	ft.	Total Hole (borehole) Depth:	ft.	Depth to Bedrock:	ft.							
Hole Size (Include reamed zones):	inches from	to	ft.	inches from	to	ft.						
Height of Casing above Land Surface:	ft.											
Casing Size (I.D.) and Materials: (below)	Total Depth of Casing: ft.											
inches from	to	ft.	<input type="radio"/> infilled	Material	Lbs./ft.	wall thickness	in.					
inches from	to	ft.	<input type="radio"/> infilled	Material	Lbs./ft.	wall thickness	in.					
inches from	to	ft.	<input type="radio"/> infilled	Material	Lbs./ft.	wall thickness	in.					
Screen Size & Mesh:												
inches from	to	ft.	<input type="radio"/> infilled	Mesh Size	Type							
inches from	to	ft.	<input type="radio"/> infilled	Mesh Size	Type							
inches from	to	ft.	<input type="radio"/> infilled	Mesh Size	Type							
Water Zones: from	to	ft.	from	to	ft.	from	to	ft.				
Gravel Pack:												
Size:	Type:	from	to	ft.	Size:	Type:	from	to	ft.			
Grout Type:	Grouting Method:		Type	Method	from	to	ft.	Seal Type:				
1. Bentonite Slurry 2. Neat Cement	A. Poured from surface				from	to	ft.	Pitless Adapter	Sanitary Seal			
3. Neat Cement (Bent. 6%) 4. Concrete	B. Poured through tremie pipe				from	to	ft.					
5. Bentonite Pellets/Chips	C. Pumped from bottom upward											
Camera Survey:	<input type="radio"/> Yes	<input type="radio"/> No	Date Conducted:									
Additional Well Construction Form Information Attached:	<input type="radio"/> Yes <input type="radio"/> No											

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Well designation, Name or Number*: _____

5. Disinfection

Well Disinfected: <input type="radio"/> Yes <input type="radio"/> No	Date:
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6. Abandonment (*When abandoning the well, Sections 1 through 4 must be completed and/or attach original GW-2)

Date Started:	Date Completed:
Static Water Level (unpumped level measured):	ft.
Casing Size (I.D.) and Materials:	Casing Pulled: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncased Well
Depth of Fill:	Type and Source of Fill:
Grout: From _____ to _____ Type:	From _____ to _____ Type:
Method of permanently marking location:	

7. Pump Test**

Static Water Level (unpumped level measured):	ft.	Measuring Point Correction:	ft.
Date:	Measuring Point (Check One): <input type="radio"/> Land Surface <input type="radio"/> Top of Casing <input type="radio"/> Top of Stilling Tube		
	Method (Check One): <input type="radio"/> Water Tape <input type="radio"/> Airline <input type="radio"/> Transducer <input type="radio"/> Other		
Stabilized Measured Pumping Water Level:	ft.	Measuring Point Correction:	ft.
Date:	Measuring Point (Check One): <input type="radio"/> Land Surface <input type="radio"/> Top of Casing <input type="radio"/> Top of Stilling Tube		
	Method (Check One): <input type="radio"/> Water Tape <input type="radio"/> Airline <input type="radio"/> Transducer <input type="radio"/> Other		
Date:	Test Pump Intake Depth (below land surface):		ft.
Stabilized Yield:	gpm after _____	hours	
Natural Flow: <input type="radio"/> Yes <input type="radio"/> No	Flow Rate _____	gpm	Estimated Well Yield: _____ gpm

8. Pump Data**

Type: <input type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Shallow Jet <input type="radio"/> Deep Jet <input type="radio"/> Other: _____	Motor HP:
Date:	Production Pump Intake Depth (below land surface): _____ ft.
Rated Capacity: _____ gpm at _____ ft.	Total Dynamic Head

9. Geologic Information

Type Logs:	Aquifer Test Performed:
Water Quality Results Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments:

Formation _____	Lithology _____	Province _____	Geologic Map Used _____
Elevation _____			
For Office Use			

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10. Driller's Log (Use additional sheets if necessary)*

Well designation, Name or Number:					
Depth (feet)		Type of Rock or Soil	Remarks	Drilling Time (Min.)	Diagram of Well Construction (with dimensions)
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities, etc.)		

11. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Printed Name*: _____

Signature*: _____ Date: _____

License Number: _____

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Additional Well Construction Data

(Use and submit only if additional space is needed)

12. Additional Well Construction Data

Well designation, Name or Number:																													
Physical Location:				Date Started:				Date Completed:																					
Hole Size (Include reamed zones):																													
inches from			to			ft.			inches from			to			ft.														
inches from			to			ft.			inches from			to			ft.														
inches from			to			ft.			inches from			to			ft.														
Casing Size (I.D.) and Materials:																													
inches from			to			ft. <input type="checkbox"/> infilled			Material			Lbs./ft.			wall thickness			in.											
inches from			to			ft. <input type="checkbox"/> infilled			Material			Lbs./ft.			wall thickness			in.											
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From			to			ft.			From			to			ft.														
From			to			ft.			From			to			ft.														
From			to			ft.			From			to			ft.														
From			to			ft.			From			to			ft.														
Gravel Pack:																													
Size:			Type:			From			to			ft.			Size:			Type:			From			to			ft.		
Size:			Type:			From			to			ft.			Size:			Type:			From			to			ft.		
Size:			Type:			From			to			ft.			Size:			Type:			From			to			ft.		
Grout Type:						Grouting Method:																							
1. Bentonite Slurry 2. Neat Cement						A. Poured from surface						from						to						ft.					
3. Neat Cement (Bent. 6%) 4. Concrete						B. Poured through tremie pipe						from						to						ft.					
5. Bentonite Pellets/Chips						C. Pumped from bottom upward						from						to						ft.					
Additional Well Construction Form Information Attached:												<input type="radio"/> Yes						<input type="radio"/> No											