

*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:		Longitude:	
		N	W
Datum Source	Horizontal: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27		
Lat/Long Source (Check One): <input type="checkbox"/> Map <input type="checkbox"/> GPS <input type="checkbox"/> PPDGPS <input type="checkbox"/> Survey <input type="checkbox"/> Imagery <input type="checkbox"/> WAAS			
Location Information Collected By :			
Physical Location Description:			

3. Facility & Use*

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

4. Well Construction*

Well designation, Name or Number:			
Date Started:		Date Completed:	
		Type Rig:	
Class Well (Check One): <input type="checkbox"/> I <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input type="checkbox"/> IIID <input type="checkbox"/> IIIE <input type="checkbox"/> IV			
Construction Type (Check One): <input type="checkbox"/> New <input type="checkbox"/> Existing-Modified: <input type="checkbox"/> Well <input type="checkbox"/> 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. inches			
Casing Size (I.D.) and Materials: (below)		Total Depth of Casing: ft.	
inches from to ft. <input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness in.
inches from to ft. <input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness in.
inches from to ft. <input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness in.
Screen Size & Mesh:			
inches from to ft. <input type="checkbox"/> infilled	Mesh Size	Type	
inches from to ft. <input type="checkbox"/> infilled	Mesh Size	Type	
inches from to ft. <input type="checkbox"/> 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: <input type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite pellets/chips <input type="checkbox"/> Concrete <input type="checkbox"/> Neat Cement (6% bentonite)		from to ft.	Grouting Method: <input type="checkbox"/> Poured from surface <input type="checkbox"/> Poured through tremmie pipe <input type="checkbox"/> Pumped from bottom upward
		from to ft.	Type of Seal: <input type="checkbox"/> pitless adapter <input type="checkbox"/> sanitary seal
Camera Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Conducted:
Additional Well Construction Form Information Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Well designation, Name or Number*: _____

5. Disinfection

Well Disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
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6. Abandonment (*When abandoning the well, Sections 1 thru 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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.
Date: _____	Method (Check One): <input type="checkbox"/> Water Tape <input type="checkbox"/> Airline <input type="checkbox"/> Transducer <input type="checkbox"/> Other
Stabilized measured pumping water level: _____	ft.
Date: _____	Method (Check One): <input type="checkbox"/> Top of Well <input type="checkbox"/> Top of Casing <input type="checkbox"/> Surface Level
Test Pump Intake Depth: _____	ft Stabilized Yield: _____ gpm after _____ hours
Natural Flow: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow Rate _____ gpm
Estimated Well Yield: _____	gpm

8. Pump Data**

Type: <input type="checkbox"/> submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Shallow Jet <input type="checkbox"/> Deep Jet <input type="checkbox"/> Other: _____	Motor HP: _____
Production Pump Intake Depth: _____	ft Rated Capacity: _____ gpm at _____ ft TDH

9. Geologic Information

Type Logs: _____	Aquifer Test Performed: _____
Water Quality Results Attached: Yes _____ No _____	

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.

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.
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	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
inches	from	to	ft.	<input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness	in.			
Screen Size & Mesh:											
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
inches	from	to	ft.	<input type="checkbox"/> infilled	Mesh Size	Type					
Water Zones:											
From	to	ft.	From	to	ft.	From	to	ft.	From	to	ft.
From	to	ft.	From	to	ft.	From	to	ft.	From	to	ft.
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:				from	to	ft.	Grouting Method:				
<input type="checkbox"/> Bentonite Slurry				<input type="checkbox"/> Neat Cement		from	to	ft.	<input type="checkbox"/> Poured from surface		
<input type="checkbox"/> Bentonite pellets/chips				<input type="checkbox"/> Concrete		from	to	ft.	<input type="checkbox"/> Poured through tremmie pipe		
<input type="checkbox"/> Neat Cement (6% bentonite)				from	to	ft.	<input type="checkbox"/> Pumped from bottom upward				