

*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="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:			Grouting Method:		Type of Seal:
<input type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Neat Cement			<input type="checkbox"/> Poured from surface		<input type="checkbox"/> pitless adapter
<input type="checkbox"/> Bentonite pellets/chips <input type="checkbox"/> Concrete			<input type="checkbox"/> Poured through tremmie pipe		<input type="checkbox"/> sanitary seal
<input type="checkbox"/> Neat Cement (6% bentonite)			<input type="checkbox"/> Pumped from bottom upward		
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				