



\_\_\_\_\_ per year

9. Estimated Volume of Water to be Pumped on an Annual Basis:  
\_\_\_\_\_gallons per year

**III. Well Location:**

10. Provide a plot plan drawn to a scale of 1" = 50' showing known references such as streets, property lines, and survey monuments. Including GGTN coordinates of the well to the nearest foot.

**IV. Well Drilling Summary:**

11. Period of well drilling : Starting Date: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

12. Well Drilling Contractor: \_\_\_\_\_

13. Well Drilling Permit No.: \_\_\_\_\_

14. Total Depth of well: \_\_\_\_\_feet

Elevation (MSL) of Ground Surface at Casing: \_\_\_\_\_feet

Elevation (MSL) of Top of Well Casing: \_\_\_\_\_feet

15. Describe Method and Type of Drilling :

\_\_\_\_\_  
\_\_\_\_\_

16. Casing:

Casing Hole Diameter: \_\_\_\_\_inches

Depth (length from surface): \_\_\_\_\_feet

Casing Type: \_\_\_\_\_Size (ID): \_\_\_\_\_in.

Wall Thickness: \_\_\_\_\_inches

Weight: \_\_\_\_\_lbs.

Material: \_\_\_\_\_

Describe the procedures of the installation of casing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Well Screen:

Screen Type (ID): \_\_\_\_\_ inches. Slot Size: \_\_\_\_\_ inches

Screen Diameter: \_\_\_\_\_ inches. Material: \_\_\_\_\_

Location (from surface) \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

D e s c r i b e M e t h o d

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18. Cement Grouting:

Material: \_\_\_\_\_ Total Depth: \_\_\_\_\_ ft.

Gravel Size: \_\_\_\_\_ inches

Annular Thickness: \_\_\_\_\_ feet. Cubic Yards of Cement Placed: \_\_\_\_\_

Describe Method of Grouting Used and Emplacement /Placement Procedures:

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19. D e s c r i b e W e l l D e v e l o p m e n t M e t h o d ( s ) :

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**V. Well Construction Summary:**

20. Flow Measurement and Testing, if Performed:

Pump Capacity: \_\_\_\_\_ gpm Static Water Level: \_\_\_\_\_ feet

Pumping Water Level: \_\_\_\_\_ feet Air Line Length: \_\_\_\_\_ feet

Top Elevation (MSL): \_\_\_\_\_ feet Bottom Elevation (MSL): \_\_\_\_\_ feet

Specific Capacity at Test: \_\_\_\_\_ gpm

Describe Method Used for Flow Measurement and Testing:

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21. Provide a plan(s) of the well showing the following information

1. Control valves, sampling tap(s), miscellaneous fittings and appurtenances, and

- discharge piping;
- 2. Flow metering device, including size, and flow range and manufacturer;
- 3. Vertical cross-section of the well showing details of the casing, grouting, pump setting, gravel pack, water level measurement devices;
- 4. Chlorination and fluoridation equipment; and
- 5. Elevation and location of permanent benchmark.

22. Describe provisions for protecting the wellhead from erosion and animals and other contamination by specifying provisions for sanitary well seal, casing height above ground, and flood level elevation, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Describe methods and procedures used for disinfecting the well.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. If not previously submitted, attach a log of the well to the application.

**VI. Signature:**

I, \_\_\_\_\_, \_\_\_\_\_ state that I have  
Name Title

knowledge of the facts herein set and that the same are true and correct to the best of my knowledge and belief and are made on good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**(For Agency Use Only)**

Inspection of the well facilities was conducted on \_\_\_\_\_ by: \_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_

Water Sample taken on \_\_\_\_\_ by: \_\_\_\_\_. Results of the water quality analyses are attached.

Reviewed by the Chief Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: [  ] Approved [  ] Disapproved

Reasons for disapproval: \_\_\_\_\_  
\_\_\_\_\_

Signed:

\_\_\_\_\_  
Administrator

Date: \_\_\_\_\_

**Well Operating Permit No.:** \_\_\_\_\_

**Well No.:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_