



WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978.
Failure to comply is a misdemeanor.

TAX NUMBER		PERMIT NUMBER																																	
LATITUDE		LONGITUDE		COUNTY																															
DISTANCE & DIRECTION FROM ROAD INTERSECTION		WELL STREET ADDRESS, CITY/ZIP		WSSN	SOURCE ID/WELL NO.																														
DRILLING METHOD <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Hollow Rod <input type="checkbox"/> Jetted <input type="checkbox"/> Auger/Bored <input type="checkbox"/> Other _____ <input type="checkbox"/> Rotary w/Casing Hammer <input type="checkbox"/> Cable Tool w/Casing Hammer		WELL DEPTH _____ ft.		WELL OWNER ADDRESS CITY/ZIP																															
WELL USE <input type="checkbox"/> Household <input type="checkbox"/> Type I Public <input type="checkbox"/> Heat Pump-Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Type II Public <input type="checkbox"/> Heat Pump-Return <input type="checkbox"/> Industrial <input type="checkbox"/> Type III Public <input type="checkbox"/> Other _____ <input type="checkbox"/> Test Well		DATE COMPLETED		OWNER Address Same As Well Address? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
CASING Type <input type="checkbox"/> Plastic <input type="checkbox"/> Steel-Black <input type="checkbox"/> Steel-Galvanized <input type="checkbox"/> Other _____ Joint <input type="checkbox"/> Glued <input type="checkbox"/> Spline <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Diameter _____ in. to _____ ft. depth _____ SDR _____ in. to _____ ft. depth _____ SDR Height Above Grade _____ ft. Fittings <input type="checkbox"/> Drive Shoe <input type="checkbox"/> Shale Packer		WELL TYPE <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Dry Hole <input type="checkbox"/> Boring (Uncased) <input type="checkbox"/> Deepening		PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer _____ Pump Type <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Other _____ Model Number _____ HP _____ Volts _____ Pump Capacity _____ G.P.M. <input type="checkbox"/> Drawdown Seal Installed Length of Drop Pipe _____ ft. Diameter of Drop Pipe _____ in.																															
BOREHOLE Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth		PRESSURE TANK <input type="checkbox"/> Not Installed <input type="checkbox"/> Buried Type <input type="checkbox"/> Diaphragm/Bladder <input type="checkbox"/> Galvanized Manufacturer _____ Model _____ Total Tank Capacity _____ gal. <input type="checkbox"/> Pressure Relief Valve Installed		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Formation Description</th> <th style="width:10%;">Thickness of Stratum</th> <th style="width:20%;">Depth to Bottom of Stratum</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Formation Description	Thickness of Stratum	Depth to Bottom of Stratum																											
Formation Description	Thickness of Stratum	Depth to Bottom of Stratum																																	
STATIC WATER LEVEL _____ ft. Below Grade		<input type="checkbox"/> Flowing Flow Rate Before Control _____ G.P.M.		<p style="text-align: center; font-weight: bold;">USE 2ND SHEET IF NECESSARY</p>																															
WELL YIELD TEST Pumping Level _____ ft. After _____ hrs. Pumping at _____ G.P.M. <input type="checkbox"/> Air <input type="checkbox"/> Bailer <input type="checkbox"/> Plunger <input type="checkbox"/> Test Pump		SCREEN <input type="checkbox"/> Not Installed <input type="checkbox"/> Filter-Packed Diameter _____ in. Material <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Slot _____ Length _____ ft. From _____ ft. To _____ ft. Slot _____ Length _____ ft. From _____ ft. To _____ ft.																																	
INSTALLATION <input type="checkbox"/> Telescoped <input type="checkbox"/> Attached FITTINGS <input type="checkbox"/> Neoprene Packer <input type="checkbox"/> Bremer Check BLANK <input type="checkbox"/> above _____ ft. Other _____		WELL GROUTED From _____ ft. To _____ ft. <input type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Bentonite Dry Granular <input type="checkbox"/> Neat Cement <input type="checkbox"/> Neat Cement with Bentonite <input type="checkbox"/> Concrete No. of Bags _____ Additives <input type="checkbox"/> Lost Circulation Material <input type="checkbox"/> Accelerator <input type="checkbox"/> Retarder																																	
METHOD <input type="checkbox"/> Grout pipe outside casing <input type="checkbox"/> Driven dry grout <input type="checkbox"/> Grout pipe inside casing <input type="checkbox"/> Displacement plug		WELLHEAD COMPLETION <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12 in. Above Grade <input type="checkbox"/> Basement Offset <input type="checkbox"/> Well House																																	
NEAREST SOURCE OF POSSIBLE CONTAMINATION Type _____ Distance _____ ft. Direction _____ Type _____ Distance _____ ft. Direction _____		ABANDONED WELL PLUGGED <input type="checkbox"/> Yes <input type="checkbox"/> No Latitude _____ Longitude _____ Casing Diameter _____ in. Depth _____ ft.																																	
PLUGGING MATERIAL <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Cement/Bentonite Slurry <input type="checkbox"/> Concrete Grout <input type="checkbox"/> Bentonite Chips Number of Bags _____ Casing Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No		WATER WELL CONTRACTOR'S CERTIFICATION <i>This well/pump was constructed under my supervision and I hereby certify that the work complies with Part 127 Act 368 PA 1978 and the well code.</i>																																	
REMARKS		Registered Business Name _____ Registration No. _____ Address _____ City/State/ZIP _____ Signature of Registered Contractor _____ Date _____																																	

ATTENTION WELL OWNER: FILE WITH DEED