

WV STATE DEPARTMENT OF HEALTH
 Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

WELL COMPLETION REPORT

Date(s) _____ County _____ Permit #: _____

Town: _____ Area Name/Location _____

Well Owner: _____ Address: _____

Telephone Number: _____

Well Driller: _____ Address: _____

Telephone Number: _____

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
		Type of Well: _____ Drilling Method: _____
		Well Diameter: _____ Casing O.D.: _____
		Well Depth: _____ Date Completed: _____
		CASING: Length _____ Feet Height above ground _____ Feet
		<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)			
Pumping Rate (GPM)			
Pumping Level (Ft Below Grade)			
Duration of Test (In Hours)			
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. _____

Well Seal: Type, Make, Etc. _____

Well Platform:

Length _____ Width _____ Thickness _____

Grouting: Yes No
 All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

 Name Certification No.

 Registered Business Name

 Signed Date