

WELL COMPLETION REPORT

Seminole Tribe of Florida Well Permit Number: _____

Owner _____ Address _____ City _____ State _____ Zip Code _____

Contractor Signature _____ License Number _____ Completion Date _____ Casing Depth _____ Total Depth _____

LOCATION	Grout	Casing & Screen		Depth (ft)		Drill Cuttings Log
Located Near: _____ _____	Depth	Diameter	Depth	From	To	Examine cuttings at formation changes. Give color, grain size & type of material. Note cavities, depth to producing zones.
County: _____ _____						
Latitude _____ Longitude _____						
Section _____ Township _____ Range _____						
TYPE OF WORK						
Construct (<input type="checkbox"/>) Repair (<input type="checkbox"/>) Abandon (<input type="checkbox"/>)						
WELL USE						
Domestic Well (<input type="checkbox"/>) Public (<input type="checkbox"/>), Irrigation (<input type="checkbox"/>) Fire Well (<input type="checkbox"/>), Monitor (<input type="checkbox"/>), Other: _____						
METHOD						
Rotary with Mud (<input type="checkbox"/>) or Air (<input type="checkbox"/>), Cable Tool (<input type="checkbox"/>), Jet (<input type="checkbox"/>), Casing Driven (<input type="checkbox"/>), Other: _____						
STATIC WATER LEVEL						
_____ feet below top of casing						
PUMPING WATER LEVEL						
_____ feet after _____ hours at _____ GPM						

Pump Size _____ H.P.
Capacity _____ GPM

Pump Type _____

INTAKE DEPTH _____ from top of ground

Casing: Black Steel () Galv. () PVC () Fiberglass ()
Screen: Type _____ Slot Size: _____
Screened from _____ (feet) to _____ (feet)
Type of Grout with % additives: _____
Water: Clear () Colored () Sulphur () Salty () Iron ()
Conductivity: _____ Chlorides _____ mg/l

