

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

WELL COMPLETION REPORT

Well Location	Street Address:	Town/Village:	Tax Grid # Map Block Lot(s)			
Well Owner:	Name:	Address:				
Use of Well: 1-primary 2-secondary	<input type="checkbox"/> Residential <input type="checkbox"/> Public Supply <input type="checkbox"/> Air cond/heat pump <input type="checkbox"/> Irrigation <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Test/monitoring <input type="checkbox"/> Other(specify) <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Standby					
Drilling Equipment	<input type="checkbox"/> Rotary <input type="checkbox"/> Cable percussion <input type="checkbox"/> Compressed air percussion <input type="checkbox"/> Other (specify)					
Well Type	<input type="checkbox"/> Screened <input type="checkbox"/> Open end casing <input type="checkbox"/> Open hole in bedrock <input type="checkbox"/> Other					
Casing Details	Total length	_____ ft.	Materials: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other			
	Length below grade	_____ ft.	Joints: <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/> Other			
	Diameter	_____ in.	Seal: <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other			
	Weight per foot	_____ lb/ft.	Drive shoe: <input type="checkbox"/> Yes <input type="checkbox"/> No	Liner: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Screen Details		Diameter (in)	Slot Size	Length(ft)	Depth to Screen (ft)	
	First				Developed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Second				Hours _____	
Well Yield Test	<input type="checkbox"/> Bailed <input type="checkbox"/> Pumped <input type="checkbox"/> Compressed Air			Hours _____	Yield _____ gpm	
Depth Data	Measure from land surface-static (specify ft)		During yield test(ft)		Depth of completed well in feet	
Well Log If more detailed information descriptions or sieve analyses are available, please attach.	Depth From Surface		Water	Well	Formation	
	ft.	ft.	Bearing	Diameter(in)	Description	
	Land Surface					
If yield was tested at different depths during drilling, list:	Feet		Gallons Per Minute		Pump/Storage Tank Information	
					Pump Type _____	Capacity _____
					Depth _____	Model _____
					Voltage _____	HP _____
					Tank Type _____	Volume _____
Date Well Completed	Putnam County Certification No.		Date of Report		Well Driller (signature)	

NOTE: Exact location of well with distances to at least two permanent landmarks to be provided on a separate sheet/plan.

Well Driller's Name _____ Address: _____
Signature: _____ Date: _____

White copy: HD File; Yellow copy - Building Inspector; Pink copy - Owner; Orange copy - Well driller