

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT #: \_\_\_\_\_ CUP/WUP#: \_\_\_\_\_ DID#: \_\_\_\_\_

Indicate the number of wells drilled/abandoned for this report: \_\_\_\_\_

Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE \_\_\_\_\_ License # \_\_\_\_\_

*I certify that the information provided in this report is accurate and true.*

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:			
Bentonite:			
(Other)			

WELL LOCATION: County \_\_\_\_\_

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

Latitude: \_\_\_\_\_, Longitude: \_\_\_\_\_

DATE STAMP          Official Use Only
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Sketch of well location on property          Give distances from septic tank and house, or other reference points
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CHEMICAL ANALYSIS WHEN REQUIRED  
 Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm  
 Chlorides: \_\_\_\_\_ ppm TDS \_\_\_\_\_ mg/l  
 Conductivity \_\_\_\_\_ umhos/cm  
 Lab Test  Field Test Kit

Pump Type  
 Centrifugal  Jet  Submersible  Turbine  
 Horsepower: \_\_\_\_\_ Capacity: \_\_\_\_\_ GPM: \_\_\_\_\_  
 Pump Depth: \_\_\_\_\_ ft. Intake Depth: \_\_\_\_\_ ft.

FORM LEG-R.005.00(10/05)

OWNER'S NAME: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_ Florida Unique I.D.: \_\_\_\_\_

Parcel # (Pin): \_\_\_\_\_

WELL USE:  
 Public Supply  Irrigation  Domestic  Monitor  
 Injection  Other

DRILL METHOD:  
 Rotary  Cable Tool  Combination  
 Jet  Auger  Other \_\_\_\_\_

Measured Static Water Level: _____ Measured Pumping Water Level: _____	
After _____ Hours at _____ GPM. Measuring Pt. (Describe): _____	
Which is _____ ft. <input type="checkbox"/> above <input type="checkbox"/> below land surface	
Casing: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Open Hole <input type="checkbox"/> Screen	Depth (feet)
Casing Diameter and Depth (ft.)	From
	To
Diameter: _____	
From: _____	
To: _____	
Diameter: _____	
From: _____	
To: _____	
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>	
Diameter: _____	
From: _____	
To: _____	
DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material	

Driller's Name (print or type): \_\_\_\_\_