

File Original with DWR

Page _____ of _____
 Owner's Well Number _____
 Date Work Began _____
 Local Permit Agency _____
 Permit Number _____

State of California

Well Completion Report

Refer to Instruction Pamphlet No. _____

Date Work Ended _____

Permit Date _____

DWR Use Only – Do Not Fill In	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	State Well Number/Site Number
_____ _____ _____ _____ _____ _____ _____ _____N_____W_____	Latitude Longitude
_____ _____ _____ _____ _____ _____ _____ _____	APN/TRS/Other

Geologic Log			
Orientation	Vertical	Horizontal	Angle Specify
Drilling Method _____ Drilling Fluid _____			
Depth from Surface	to	Feet	Description
Feet		Feet	Describe material, grain size, color, etc
Total Depth of Boring _____		Feet	
Total Depth of Completed Well _____		Feet	

Well Owner							
Name _____							
Mailing Address _____							
City _____ State _____ Zip _____							
Well Location							
Address _____							
City _____ County _____							
Latitude _____ N Longitude _____ W							
Dec.	Min.	Sec.	N	Dec.	Min.	Sec.	W
Datum _____ Decimal Lat. _____ Decimal Long. _____							
APN Book _____ Page _____ Parcel _____							
Township _____ Range _____ Section _____							
Location Sketch	Activity						
(Sketch must be drawn by hand after form is printed.)							
North	<input type="checkbox"/> New Well <input type="checkbox"/> Modification/Repair <input type="checkbox"/> Deepen <input type="checkbox"/> Other <input type="checkbox"/> Destroy <small>Describe procedures and materials under "GEOLOGIC LOG"</small>						
West _____ East	Planned Uses <input type="checkbox"/> Water Supply <input type="checkbox"/> Domestic <input type="checkbox"/> Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Dewatering <input type="checkbox"/> Heat Exchange <input type="checkbox"/> Injection <input type="checkbox"/> Monitoring <input type="checkbox"/> Remediation <input type="checkbox"/> Sparging <input type="checkbox"/> Test Well <input type="checkbox"/> Vapor Extraction <input type="checkbox"/> Other						
	<small>Illustrate or describe distance of well from roads, buildings, fences, rivers, etc. and attach a map. Use additional paper if necessary. Please be accurate and complete.</small>						
	South						
Water Level and Yield of Completed Well							
Depth to first water _____ (Feet below surface)							
Depth to Static _____							
Water Level _____ (Feet)	Date Measured _____						
Estimated Yield * _____ (GPM)	Test Type _____						
Test Length _____ (Hours)	Total Drawdown _____ (Feet)						
<small>*May not be representative of a well's long term yield.</small>							

Casings							
Depth from Surface	Borehole Diameter	Type	Material	Wall Thickness	Outside Diameter	Screen Type	Slot Size if Any
Feet to Feet	Feet to Feet		(Inches)	(Inches)	(Inches)		(Inches)

Annular Material		
Depth from Surface	Fill	Description
Feet to Feet		

Attachments
<input type="checkbox"/> Geologic Log <input type="checkbox"/> Well Construction Diagram <input type="checkbox"/> Geophysical Log(s) <input type="checkbox"/> Soil/Water Chemical Analyses <input type="checkbox"/> Other <small>Attach additional information, if it exists.</small>

Certification Statement
I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief
Name _____ Person, Firm or Corporation
Address _____ City _____ State _____ Zip _____
Signed _____ Date Signed _____ C-57 Licensed Water Well Contractor C-57 License Number