

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

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

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_.

Indicate remaining wells to be 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:			

WELL LOCATION: County \_\_\_\_\_  
 \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Section \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only

Sketch of well location on property

Give distances from septic tank and house or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm  
 Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ Ft. Intake Depth \_\_\_\_\_ Ft.

Form 40B-3-3 Rev. 12/95

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

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

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor \_\_\_\_\_  
 HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

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

<input type="checkbox"/> Open Hole <input type="checkbox"/> Screen	Depth (Ft.)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Casing Diameter & Depth (Ft.)			
Diameter _____			
From _____			
To _____			
Diameter _____			
From _____			
To _____			
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>			
Diameter _____			
From _____			
To _____			

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