

Record of Completed Well

Name of Applicant: _____

Address of Applicant: _____

_____ Phone Number _____

Well Name or Number: _____

Well Location:

_____ feet from _____ boundary, and _____ feet from _____ boundary of
 _____ quarter, Sec. _____ Twp. _____ Rge. _____ W. of _____ M. **OR**
 Lot _____ Block _____ Plan number _____ in _____
 (City, Town or Village)

Date well completed: _____, 20__

Driller's name: _____

Depth water struck: _____ feet Depth to water level when not pumping: _____ feet

Flowing artesian hydrostatic head above ground: _____ feet **OR**

Well head pressure: _____ pounds per square inch.

Water temperature: _____ degrees Fahrenheit.

Attach a copy of chemical analysis report.

Type of pump: _____; Capacity: _____ i.g.p.m.; power _____
 (Turbine, Centrifugal, etc.) (Electric, Gas, etc.)

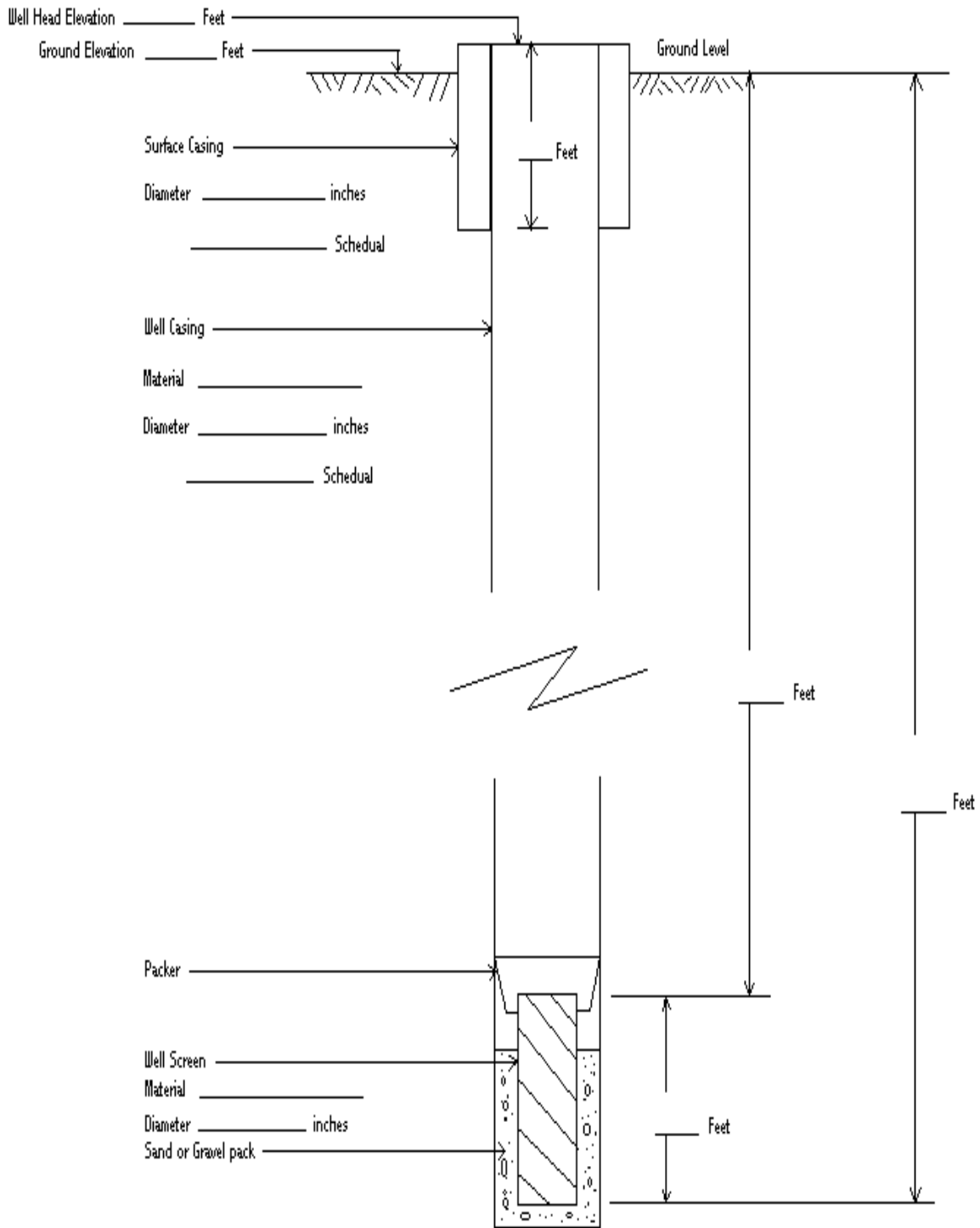
Yield of well: _____ imperial gallons per minute

Date water first put to use: _____, 20__.

Drillers Log of Well

Feet		Description of Materials Encountered
From	To	

Show well details on following diagram:



Attach copy of pump test, if available.

This is to certify that to the best of my knowledge the information in this report is true.

Dated at _____ this _____ day of _____, 20 ____.

Authorized Signature