

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

Well Permit # _____

WELL COMPLETION REPORT

Well Location:	Street Address:	Town/Village:	Tax Map #	GPS:		
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.)	Developed?
	First					<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 Date	Measure from land surface-static (specify ft.)			During yield test (ft.)	Depth of completed well in ft.	
Well Log If more detailed information descriptions or sieves analyses are available, please attach.	Depth From Surface		Water Bearing	Well Diameter (in)	Format Description	
	ft.	ft.				
	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	Well Driller PC Certificate #:		NY State #:		Date of Report:	
	Pump Installer PC Certificate #:		NY State#:			
Well Driller Name & Address				Well Driller (Signature)		
Pump Installer Name and Address				Pump Installer (Signature)		

NOTE: Exact location of well with distances to at least two permanent landmarks to be provided on a separate sheet/plan.
One copy: HD File; One copy -Building Inspector; One copy - Owner; One copy - Well driller