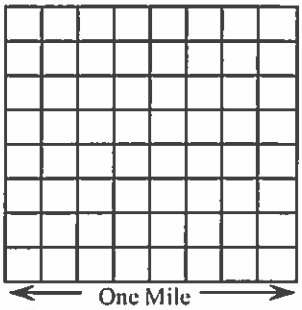
MONITORING WELL COMPLETION REPORT

Oklahoma Water Resources Board
3800 North Classen Boulevard
Oklahoma City, OK 73118
Telephone (405) 530-8800

Do Not Write In This Space
Well Record ID Number _____

Legal Location of Monitoring Well

North



One Mile

Each square is 10-acres
Please Plot Well Location

Section _____

Township _____ ☐ North ☐ South **Range** _____ ☐ WIM ☐ EIM ☐ ECM

Latitude _____ **Longitude** _____

Date collected (latitude and longitude), if different from date the well was drilled: _____
Method latitude and longitude was collected: ☐ GPS-uncorrected data,
☐ GPS-corrected data (WASS), ☐ GPS-corrected data (DGPS), ☐ GPS-corrected to base station

County _____ Variance Request No. (if applicable) _____

WELL OWNER – NAME AND ADDRESS

Well Owner _____ Phone _____

Address/City/State _____ Zip _____

Finding Location _____

TYPE OF WORK
☐ Monitoring Well

USE OF WELL
☐ Air Sparging ☐ Site Assessment ☐ Vapor Extraction
☐ Pump & Treat ☐ Unsaturated Zone ☐ Water Quality

NEW WELL CONSTRUCTION DATA
An application for a variance must be requested and obtained before any changes are made to the minimum construction standards for any well.

Date Well Was Completed _____

Hole Diameter _____ inches From _____ feet to _____ feet

Hole Diameter _____ inches From _____ feet to _____ feet

CASING INFORMATION: ***Note:** If surface casing is used please indicate that on the appropriate well casing information line.

1) Well Casing Material (check one): ☐ H.C. Steel ☐ P.V.C. ☐ Other
   Well Casing Diameter (inches): _____ inches Well Casing From _____ feet to _____ feet

2) Well Casing Material (check one): ☐ H.C. Steel ☐ P.V.C. ☐ Other
   Well Casing Diameter (inches): _____ inches Well Casing From _____ feet to _____ feet

SCREEN OR PERFORATION INFORMATION:

Type of Screen: ☐ PVC ☐ H.C. Steel ☐ Stainless Steel ☐ Other

Type of Slots or Openings: ☐ Perforations ☐ Factory Slotted ☐ Hand Slotted or Perforated ☐ Other Describe: _____

Screened Interval: From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

FILTER PACK INFORMATION:

Filter Pack Material: ☐ Coarse Gravel ☐ Fine Gravel ☐ Coarse Sand ☐ Medium Sand ☐ Fine Sand ☐ Native Material

Filter Pack Interval: From _____ feet to _____ feet

WELL SEAL INFORMATION:

Type of Surface Seal: ☐ Cement Grout ☐ Cement Grout with Bentonite ☐ Other Describe: _____

Surface Seal Interval: From _____ feet to _____ feet

Annular Seal Material:

☐ Cement Grout ☐ Cement Grout/ Bentonite ☐ H.S. Bentonite Grout, ☐ Bentonite Pellets ☐ Bentonite Granules/Chips ☐ Other

Annular Seal Interval: From _____ feet to _____ feet

Filter Pack Seal Material:

☐ Cement Grout ☐ Cement Grout/ Bentonite ☐ H.S. Bentonite Grout ☐ Bentonite Pellets ☐ Bentonite Granules/Chips ☐ Other

Filter Pack Seal Interval: From _____ feet to _____ feet

TYPE OF COMPLETION: ☐ Above Ground with Casing Protection ☐ Flush Mounted ☐ Below Ground (connections between wells)

Was There a Cement Pad Installed Around the Well? ☐ Yes ☐ No

Size of Cement Pad if Installed: _____ feet by _____ feet

HYDROLOGIC DATA

Depth to water at time of drilling _____ Estimated yield of well _____ gpm First water zone _____ feet

Drawdown Pumping Test: Depth to water before start of test was _____ feet; Well was pumped/bailed at _____ gpm for _____ hours, which resulted in a drawdown depth to water of _____ feet.

LITHOLOGY DESCRIPTION

Note: If no lithology descriptions were made then, in the "Material" data field please indicate "no lithologic description obtained"

MATERIAL (indicate with a check mark a zone that is saturated)	ENCOUNTERED FROM (Feet)	ENCOUNTERED TO (Feet)	MATERIAL (indicate with a check mark a zone that is saturated)	ENCOUNTERED FROM (Feet)	ENCOUNTERED TO (Feet)

CERTIFICATION

The work described above was done under my supervision. This report is correct to the best of my knowledge.

Firm Name _____ D/PC No. _____

Operator Name _____ OP No. _____

_____ Date _____

Signature