MONITORING WELL COMPLETION REPORT

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

Legal Location of Monitoring Well

Section

Towmship □ 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 USE OF WELL

□ Monitoring 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 Interval: From ________ feet to ________ feet

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Revised: July 2014
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 __________ feet  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”

<table>
<thead>
<tr>
<th>MATERIAL (indicate with a check mark a zone that is saturated)</th>
<th>ENCLOSED (From)</th>
<th>TO (Feet)</th>
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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

Monitoring Well Record  www.owb.ok.gov  Revised: July 2014