



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER RESOURCES – DRINKING WATER UNIT
 William R. Snodgrass – Tennessee Tower
 312 Rosa L. Parks Avenue, 11th Floor
 Nashville, Tennessee 37243-1102

THIS REPORT TO BE SUBMITTED BY DRILLER WITHIN 60 DAYS AFTER
 COMPLETION OF DRILLING WATER WELL WITH REQUIRED FEE TO THE ABOVE ADDRESS:

OFFICE USE ONLY:

Well No.: _____
 Date Rec'd: _____
 Check # _____
 Amount Rec'd: _____
 Receipt #: _____ CD#: _____

TENNESSEE WATER WELL DRILLERS REPORT

PRINT OR TYPE ONLY

<p>(1) LICENSEE</p> <p>Firm Name _____ Lic No. _____</p> <p>Rig Operator _____</p> <p>Driller Tag # _____</p>	<p>(9) WELL OWNER</p> <p>Name _____ <small>First Last</small></p> <p>Or Company _____</p> <p>Address _____</p> <p>City _____, State _____ Zip _____</p> <p>Phone # (_____) _____</p>																																				
<p>(2) WELL LOCATION</p> <p>County _____</p> <p>Driller Map No. _____ W X Y Z <small>Number Letter Section</small></p> <p>OR</p> <p>Latitude _____ Longitude _____ <small>Deg Min Sec Deg Min Sec</small></p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>_____ mile(s) (N) (E) (S) (W) of _____ <small>LANDMARK</small></p>	<p>(10) PROPOSED USE OF WELL</p> <p>Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Monitor <input type="checkbox"/> Test <input type="checkbox"/> Farm <input type="checkbox"/> Irrigation <input type="checkbox"/> Heat Pump <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> (Specify other) _____</p>																																				
<p>(3) TYPE OF WORK</p> <p>Date Drill rig left site: ____/____/____</p> <p>New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Rework <input type="checkbox"/> Backfill & Abandon <input type="checkbox"/></p>	<p>(11) PRIMARY CASING</p> <p>Diameter _____ Inches Top Set _____ Inches Above Ground</p> <p>From land Surface to _____ Feet Below Ground</p> <p>Type: Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/></p> <p>Wall Thickness _____ or SDR # _____</p>																																				
<p>(4) WELL COMPLETION DATA</p> <p>Date Completed ____/____/____ Static Level _____ Feet</p> <p>Total Depth _____ Feet Estimated Yield _____ GPM</p> <p>Depth to Bedrock _____ Feet</p>	<p>(12) WELL FINISH</p> <p>Open Hole <input type="checkbox"/> Screen <input type="checkbox"/> Slotted or Perf. Pipe <input type="checkbox"/></p> <p>From _____ Feet To _____ Feet</p> <p>If Screen, Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Slot Size _____ Inches</p> <p>Gravel Pack From _____ Feet To _____ Feet</p>																																				
<p>(5) WATER-BEARING ZONES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">DEPTH IN FT.</th> <th style="width:30%;">GPM</th> <th style="width:40%;">WATER QUALITY</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	DEPTH IN FT.	GPM	WATER QUALITY	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>(13) BACK FILL MATERIAL</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Bentonite</th> <th style="width:30%;">Portland Cement</th> <th style="width:40%;">From 3 Feet to 10 Feet</th> </tr> <tr> <td>From _____</td> <td>To _____</td> <td>From _____ To _____</td> </tr> </thead> <tbody> <tr> <td>Cuttings _____</td> <td>_____</td> <td>Sand _____</td> </tr> <tr> <td>Bentonite _____</td> <td>_____</td> <td>Portland Cement _____</td> </tr> <tr> <td>Other (Specify) _____</td> <td>_____</td> <td>Other (Specify) _____</td> </tr> </tbody> </table>	Bentonite	Portland Cement	From 3 Feet to 10 Feet	From _____	To _____	From _____ To _____	Cuttings _____	_____	Sand _____	Bentonite _____	_____	Portland Cement _____	Other (Specify) _____	_____	Other (Specify) _____									
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<p>(6) WELL TEST</p> <p>Tested By: Pumping <input type="checkbox"/> Blowing <input type="checkbox"/> Bailing <input type="checkbox"/></p> <p>Static Level _____ Feet Pumping Level _____ After _____ Hour(s) _____ Minute(s) At _____ GPM</p> <p>Development Time _____ Hour(s)</p>	<p>(14) LINER CASING Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Type: Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Diameter _____ Inches</p> <p>From: _____ Feet To: _____ Feet</p> <p>Packers Installed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Location: _____ Feet and _____ Feet</p>																																				
<p>(7) FORMATION LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DEPTH IN FT.</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:70%;">DESCRIPTION (DENOTE ROCK COLOR & TYPE OR CAVES)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	DEPTH IN FT.	FROM	TO	DESCRIPTION (DENOTE ROCK COLOR & TYPE OR CAVES)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>(15) ANTICIPATED WATER QUALITY</p> <p>Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dingy <input type="checkbox"/> Muddy <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Iron <input type="checkbox"/> Sulfur <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Salt <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____</p>
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<p>(8) COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(16) GENERAL INFORMATION</p> <p>Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/> Well Capped: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Well located greater than fifty feet from septic tank & field Lines: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>From information provide by:</p> <p><input type="checkbox"/> Property Owner (provide written statement by owner) <input type="checkbox"/> Driller determination <input type="checkbox"/> Health Department</p> <p>Drilling process water obtained from:</p> <p>Well <input type="checkbox"/> Springbox <input type="checkbox"/> Public Supply <input type="checkbox"/> Surface Supply <input type="checkbox"/></p> <p>Pump Installed by Driller: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Variance Issued: Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																				

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Signature of Licensee: _____

Distribution: **White – Central Office** **Canary – Driller** **Pink – Homeowner**