



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled	Civil township name	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side.			UTM Northing UTM Easting Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 GPS used Subdivision name & lot number (if applicable)	
Well address: If drilled for water supply, this well is: <input type="checkbox"/> First well on property <input type="checkbox"/> Replacement well <input type="checkbox"/> Additional well on property <input type="checkbox"/> Dry hole				

OWNER - CONTRACTOR

Well owner--name		Telephone number
Address (number and street, city, state, ZIP code)		
Building contractor--name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor--name	Address (number and street, city, state, ZIP code)	Telephone number
Equipment operator--name	License number of operator	Date of well completion

CONSTRUCTION DETAILS

WELL LOG

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____ Pump depth setting (feet)	FORMATIONS: Type of material	From (feet)	To (feet)
Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No			
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____			
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____			
Screen slot size	Water quality (clear, odor, etc.)				

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative MUST BE SIGNED OR STAMPED	Date
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