

WELL DATA SHEET (Page 1 of 3)

Complete as much information as possible. Leave blank if information is not available, use N.A. if not applicable.		
* Indicates items required for Source Water Assessment. Complete one sheet for each well		
** Indicates additional items required for assessments and Ground Water Rule		
	Separate multiple entries in field with semi-colon	Actual, Estimated or Default?
DATA SHEET GENERAL INFORMATION		
System Name		<i>from State database</i>
System Number		<i>from State database</i>
Source of Information (<i>well log, DHS/County files, system, etc</i>)		
Organization Collecting Information (<i>DHS, County, System, other</i>)		
Date Information Collected/Updated		
WELL IDENTIFICATION		
* Well Number or Name		<i>from State database</i>
* DHS Source Identification Number (FRDS ID No.)		
DWR Well Log on File? ("YES" or "NO")		
State Well Number (from DWR)		
Well Status (Active, Standby, Inactive)		
WELL LOCATION		
Latitude		
Longitude		
Ground Surface Elevation (ft above Mean Sea Level)		
Street Address		
Nearest Cross Street		
City		
County		
* Neighborhood/Surrounding Area (<i>see Note 1</i>)		
Site plan on file? ("YES" or "NO")		
DWR Ground Water Basin		<i>to come from DWR</i>
DWR Ground Water Sub-basin		<i>to come from DWR</i>
SANITARY CONDITIONS		
** Distance to closest Sewer Line, Sewage Disposal, Septic Tank (ft)		
Distance to Active Wells (ft)		
Distance to Abandoned Wells (ft)		
Distance to Surface Water (ft)		
** Size of controlled area around well (square feet)		
* Type of access control to well site (<i>fencing, building, etc</i>)		
* Surface Seal? (Concrete slab)("YES", "NO" or "UNKNOWN")		
* Dimensions of concrete slab: Length(ft)/ Width(ft)/ Thick(in)		
* Within 100 year flood plain? ("YES", "NO" or "UNKNOWN")		
* Drainage away from well? ("YES" or "NO")		
ENCLOSURE/HOUSING		
Enclosure Type (<i>building, vault, none, etc.</i>)		
Floor material		
Located in Pit? ("YES" or "NO")		
Pit depth (feet) (if applicable)		
WELL CONSTRUCTION		
Date drilled		
Drilling Method		
Depth of Bore Hole (feet below ground surface)		
Casing Beginning Depth/Ending Depth(ft below surface); 2nd Casing Beginning Depth/Ending Depth; 3rd Casing, etc.		
Casing Diameter (inches); 2nd Casing Diameter; 3rd Casing, etc.		
Casing Material; 2nd Casing Material; 3rd Casing, etc.		

WELL DATA SHEET (Page 2 of 3)

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	Separate multiple entries in field with semi-colon	Actual, Estimated or Default?
WELL CONSTRUCTION (continued)		
Conductor casing removed? ("YES", "NO" or "UNKNOWN") See Note 2		
* Depth to highest perforations/screens (ft below surface) (or "UNKNOWN")		
2nd Screened Interval Beg. Depth/Ending Depth; 3rd Screened Interval, etc.		
* Total length of screened interval (ft) (default = 10% pump capacity in gpm) (or "UNKNOWN")		
* Annular Seal? ("YES", "NO" or "UNKNOWN") (See Note 3)		
* Depth of Annular Seal (ft)		
Material of Annular Seal (cement grout, bentonite, etc.)		
Gravel pack, Depth to top (ft below ground surface)		
Total length of gravel pack (ft)		
AQUIFER		
* Aquifer Materials (list all that apply: sand, silt, clay, gravel, rock, fractured rock)		
* Effective porosity (decimal percent) (default = 0.2) (or "UNKNOWN")		
* Confining layer (Impervious Strata) above aquifer? ("YES", "NO" or "UNKNOWN")		
Thickness of confining layer, if known (ft)		
Depth to confining layer, if known (ft below ground)		
* Static water level (ft below ground surface)		
Static water level measurement: Date/Method		
Pumping water level (ft below ground surface)		
Pumping water level measurement: Date/Method		
WELL PRODUCTION		
Well Yield (gpm)		
Well Yield Based On (i.e., pump test, etc.)		
Date measured		
Is the well metered? ("YES" or "NO")		
Production (gallons per year)		
Frequency of Use (hours/year)		
Typical pumping duration (hours/day)		
PUMP		
Make		
Type		
Size (hp)		
* Capacity (gpm)		
Depth to suction intake (ft below ground surface)		
Lubrication Type		
Type of Power: (i.e., electric, diesel, etc.)		
Auxiliary power available? ("YES" or "NO")		
Operation controlled by: (i.e., level in tank, pressure, etc.)		
Pump to Waste capability? ("YES" or "NO")		
Discharges to: (i.e., distribution system, storage, etc.)		

WELL DATA SHEET (Page 4 of 3)

Well Data Sheet Supplement		
REMARKS AND DEFECTS		
(Use or note these items as appropriate)		
(** indicates items pertinent to Ground Water Rule)		
Distance (ft) to other sanitary concerns:		
** Type of Sanitary Concern: _____		
** Type of Sanitary Concern: _____		
** Type of Sanitary Concern: _____		
** Type of Sanitary Concern: _____		
** Type of Sanitary Concern: _____		
Raw Water Quality concerns? (Yes or No)		
** Microbiological (coliform)		
Chemicals		
Other (list)		
** Continuous Chlorination provided? (Yes or No)		
Condition of enclosure or housing		
Pit Drained? (if applicable)		
Pitless Adaptor? Make and Model		
Height of pump base (inches)		
Casing Vent? (yes or no)		
Air/Vacuum Release? (yes or no)		
Sampling Taps? (yes or no)		
Location of sampling taps		
Wellhead Riser? (yes or no); height above well		
Other		