



# WATER WELL LOG

Water Department

260.925.5711 | 260.920.3352 fax | 800 W North St/PO Box 506, Auburn, IN 46706 | [water@ci.auburn.in.us](mailto:water@ci.auburn.in.us)

## PROJECT LOCATION

<b>Address</b>			
<b>Subdivision, Lot</b>			
<b>Property Owner</b>			
<b>Start Date</b>		<b>Completion Date</b>	

## CONTRACTOR INFORMATION

<b>Applicant</b>	Name	
	Address	
	Phone / Email	
<b>Contractor</b> Same as applicant Y N	Name	
	Address	
	Phone/Email	
<b>Equipment Operator</b>	Name	
	Phone/Email	

## CONSTRUCTION DETAILS

Use Type	Drilling Method	Well Type	Pump Type	Casing			
Home	Cable Tool	Drilled	Submersible	Length	ft	Diameter	in
Industry	Rotary	Gravel Pack	Shallow-Well Jet	<b>Screen</b>			
Test	Jet	Driven	Deep-well Jet	Length	ft	Diameter	in
Irrigation	Rev Rotary	Other*	Other*	<b>Screen Slot</b>			
Public Supply	Bucket Rig			Size		Depth	ft
Other*				<b>Pump Setting Depth</b>			
*Describe Other				Depth			ft

## WELL CAPACITY TEST

Test Type	Test Rate	Drawdown	Static Level (depth to water)	Water Quality (clear, cloudy, odor, etc)
Bailing	gpm	ft	ft	
Pumping	hrs			

Applicant's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Return completed record within 30 days to email or address above