

MILITARY WATER WELL COMPLETION SUMMARY REPORT

TO DIRECTOR US Army Topographic Engineer Center ATTN: CETEC-TC-H Ft. Belvoir, VA 22060-5546 (703) 355-2921				FROM <i>(List Unit and complete mailing address to include Street and 9-digit ZIP Code)</i> PHONE NUMBER <i>(Include Area Code)</i>																			
1. PROJECT TITLE OR WELL NUMBER				12. SCREENS																			
2. DATE OF REPORT				a. Completion Kit		b. PVC		c. Stainless Steel															
3. USE				e. Set between _____ - _____ feet Slot _____ _____ - _____ feet Slot _____ _____ - _____ feet Slot _____																			
a. Military water supply																							
b. Construction																							
c. Humanitarian																							
d. Other <i>(Specify)</i>				13. GRAVEL PACK		a. Yes		b. No															
4. LOCATION				If Yes, complete (1) thru (4)																			
a. Country				(1) Source			(2) Gradation																
b. Map name/edition				(3) Volume Used			(4) Depth to top of pack																
c. Series/sheet number				14. SANITARY SEAL																			
d. Coordinates				a. Grout Volume _____																			
e. Scale				b. Depth _____ - _____ feet																			
5. TOP OF HOLE ELEVATION				15. WELL DEVELOPMENT																			
6. TOTAL HOLE DEPTH				a. Method																			
7. STATIC WATER LEVEL				b. Date																			
a. Number feet				c. Duration																			
b. Below Grade				16. PUMP																			
c. Above Grade				a. Standard		b. 600 feet		c. 1500 feet		d. Nonstandard Electric													
d. Date Measured				(1) Type			(2) Manufacturer																
8. TYPE OF DRILLING MACHINE				(3) Model Number			(4) Horsepower																
a. 600-ft WDS				b. ITWD			(5) Power Source			(7) Drop-pipe Diameter													
c. CF-15-S				d. Other <i>(Specify)</i>			(7) Drop-pipe Material																
9. DRILLING METHOD				e. Hand-Pump type																			
a. Direct Rotary				b. Reverse Rotary				f. Depth of Pump Installation <i>(list in feet)</i>															
c. Air Rotary				d. Other <i>(Specify)</i>				17. PUMPING TEST															
10. HOLE AND CASING DIAMETER <i>(Change inches to feet)</i>				a. Super Chlorination				a. Yes				b. No											
a. Hole				b. Casing				(1) If Yes, _____ feet				Below Grade				Above Grade							
_____ inches = _____ feet				_____ inches = _____ feet				(a) Test Date				(b) Well Yield _____ GPM or _____ LPM											
_____ inches = _____ feet				_____ inches = _____ feet				18. WELL-HEAD COMPLETION															
_____ inches = _____ feet				_____ inches = _____ feet				a. Standard				b. Nonstandard <i>(Specify)</i>											
_____ inches = _____ feet				_____ inches = _____ feet				c. Height above ground <i>(list in feet)</i>															
11. COMPLETION KIT USED				a. Yes				b. No															
(1) If Yes,				1,500 ft				600 feet Standard															
(1) If No, specify type of completion materials				c. Nearest source of possible contamination				(1) Type				(2) Distance											
a. Steel				b. PVC				c. Other				(3) Direction											
12. COMPLETION KIT USED				a. Yes				b. No															
(1) If Yes,				1,500 ft				600 feet Standard															
(1) If No, specify type of completion materials				d. Down-hole Log				Yes				No											
a. Steel				b. PVC				c. Other				e. Attached				Yes				No			

21. OVERBURDEN MATERIALS				28. SKETCH OF WELL AND PUMP			
a. Unconsolidated		b. Sandstone					
c. Limestone		d. Igneous					
e. Other (<i>Specify</i>)							
22. AQUIFER MATERIALS							
a. Sand and Gravel		b. Sandstone					
c. Limestone		d. Igneous					
23. MARKER BEDS (<i>Describe</i>)							
_____	at _____	_____	feet				
_____	at _____	_____	feet				
_____	at _____	_____	feet				
_____	at _____	_____	feet				
24. WATER QUALITY							
a. Tested	(1) Yes	(2) No	(3) Date				
b. Fresh	c. Brackish	d. Saline					
25. SKETCH OF LOCATION							
SCALE _____							
26. REMARKS							
27a. SUBMITTED BY (<i>Type or print name</i>)							
27b. GRADE/RANK	27c. UNIT	29. SIGNATURE OF PROJECT OFFICIAL	30. DATE OF SIGNATURE				