

## MILITARY WATER WELL COMPLETION SUMMARY REPORT

<b>TO</b> DIRECTOR US Army Topographic Engineer Center ATTN: CETEC-TC-H Ft. Belvoir, VA 22060-5546 (703) 355-2921				<b>FROM</b> <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				d. 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				(5) Power Source			(6) Drop-pipe Diameter				
b. ITWD				(7) Drop-pipe Material							
c. CF-15-S				e. Hand-Pump type							
d. Other <i>(Specify)</i>				f. Depth of Pump Installation <i>(list in feet)</i>							
9. DRILLING METHOD				17. PUMPING TEST			a. Yes		b. No		
a. Direct Rotary				(1) If Yes, _____ feet			Below Grade		Above Grade		
b. Reverse Rotary				(a) Test Date							
c. Air Rotary				(b) Well Yield _____ GPM or _____ LPM							
d. Other <i>(Specify)</i>				18. WELL-HEAD COMPLETION							
10. HOLE AND CASING DIAMETER <i>(Change inches to feet)</i>				a. Standard		b. Nonstandard <i>(Specify)</i>					
a. Hole		b. Casing		c. Height above ground <i>(list in feet)</i>							
_____ inches = _____ feet		_____ inches = _____ feet		19. WELL DISINFECTION							
_____ inches = _____ feet		_____ inches = _____ feet		a. Super Chlorination							
_____ inches = _____ feet		_____ inches = _____ feet		b. Other <i>(Specify)</i>							
_____ inches = _____ feet		_____ inches = _____ feet		c. Nearest source of possible contamination							
11. COMPLETION KIT USED				a. Yes		b. No					
(1) If Yes,				1,500 ft		600 feet Standard					
(2) If No, specify type of completion materials				20. GEOGRAPHIC DATA AVAILABLE							
a. Steel		b. PVC		c. Other		c. If Yes,		(1) WDRT		(2) Local	
				(3) Water-Resource Overlays							
				(4) Other <i>(Specify)</i>							
				d. Down-hole Log				Yes		No	
				e. Attached				Yes		No	

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