



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER AND RADIOLOGICAL PROTECTION DIVISION

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978.

State Well ID:

Failure to comply is a misdemeanor.

Export ID:

ATN No:	Permit No:	County: Oakland		Township:	
OC Well ID: Elevation: ft Latitude: Longitude:	Parcel id:	Section:	Town/Range:		WSSN:
	Distance and Direction from Road Intersection:				
	Well name:				
	Well Owner Name:				
	Well Location Address:			Owner Address:	

Drilling Method:	Pump Installed:	Pump Voltage:
Well Depth: ft.	Pump Installation date:	HP:
Well Use:	Manufacturer:	Pump Type:
Well Type:	Model Number:	Pump Capacity: GPM
Casing Type:	Length of Drop Pipe: ft.	
Casing Joint:	Diameter of Drop Pipe:	
Diameter: in. to ft. depth	Draw Down Seal Used:	
Bore Diameter 1:	Pressure Tank Installed:	Pressure Relief Valve:
Bore Diameter 2:	Pressure Tank Type:	
Bore Diameter 3:	Manufacturer:	
Height:	Model Number:	
Casing Fitting:		
Static Water Level: ft.	Flowing:	
Yield Test Method:		
Measurement Taken During Pump Test:		
ft. after hrs. pumping at GPM		
Screen Installed:		
Filter Packed:		
Filter Type:		
Screen Diameter: in.	Length: ft.	
Screen Material Type:		
Slot: in. Set Between ft. and ft.		
Blank: ft.		
Fittings:		
Well Grouted:	Grouting Method:	
No. of Bags:	Additives:	
Grouting Materials:		
	From ft. to ft.	
Well Head Completion:		
Nearest source of possible contamination:	Contractor Type:	
Type: Distance: ft. Direction:	Registration Number:	
	Business Name:	
	Business Address:	
	WATER WELL CONTRACTOR'S CERTIFICATION:	
	This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
Drilling Machine Operator Name:	Signature of Registered Representative	Date
Employment:		

Pump Manufacturer :
General Remark :

ATTENTION WELL OWNER: FILE WITH DEED