

WATER WELL (642)
Job Sheet (Record of Installation)

Well Owner _____ Farm ID No. _____

Address _____

County _____

Program _____ EQIP Contract _____

GPS Latitude: _____ Longitude: _____

Township _____ Range _____ Section _____
_____ 1/4 _____ 1/4

Planning

Planned by: _____ Date planned: _____

Miles to other watering facilities: _____ Acres served by well: _____

Is well for Alternative Crop or Livestock Technology? If yes, what type of ACT and what type of crops? Note that wells for ACT are to only be sized for the acres of ACT used on the farm.

Inspection

The well was drilled at the agreed location in a workmanlike manner. The well is protected from contamination by surface water.

Inspector's signature _____ Date _____

Manufacturer, specifications of well casing, pump, and other notes (**be sure to attach a plan map showing location of practice, crops, and acres**). For EQIP include description of previous irrigation practices on property:

Driller's Completion Report
(attach driller's log)

Type of well: Drilled Dug Driven **Depth of well, feet:** _____

Depth of producing aquifer, feet: _____ Thickness of producing aquifer, feet: _____

Artesian pressure at surface, feet: _____ Artesian flow, gallons per minute: _____

Casing: Type _____ Diameter (in.) _____ Length, feet _____

Depths casing cemented: _____ to _____, _____ to _____

Screen/Perforated casing: Type _____ Diameter, inch _____ Opening size, inch _____

Screen/Perforated casing depth location: _____ to _____

Gravel pack: Thickness, inches _____ Length, feet _____

Well yield, gallons per minute _____ Pumping lift, feet _____

Pump: Type _____ Size _____

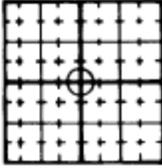
Driller's Certification

I certify that the above information, including the attached "REPORT ON WATER WELL CONSTRUCTION AND PUMP INSTALLTION," is a true and factual record of the job performed by me. The well has been completed in accordance with the requirements of Natural Resources Conservation Service Conservation Practice Standard 642, and complies with current Arkansas Water Well Construction Commission rules and regulations. The report of construction will be filed with the Arkansas Water Well Construction Commission within 90 days after well construction/repair.

Driller Signature _____ Date _____

Driller's name, address, and Arkansas Water Well Construction Commission license number:
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STATE OF ARKANSAS
REPORT ON WATER WELL CONSTRUCTION & PUMP INSTALLATION

A 1 Contractor Name & Number: _____ C# _____ 2 Driller Name & Number: _____ D# _____ 3 Pump Installer Name & Number: _____ P# _____ 4 Date Well Completed: _____ New Well <input type="checkbox"/> Replace or Work-over <input type="checkbox"/>					10 LOCATE WITH 'X' IN SECTION BELOW 																																	
5 COUNTY	6 FRACTION	7 SECTION	8 TOWNSHIP	9 RANGE																																		
LONGITUDE		LATITUDE																																				
11 _____ ° _____ ' _____ "		11 _____ ° _____ ' _____ "																																				
B 1 DESCRIPTION OF FORMATION: DEPTHS IN FEET <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO																															D 1 LAND OWNER OR OTHER CONTACT PERSON: NAME _____ STREET ADDRESS _____ CITY _____ <hr/> 2 CASING FROM TO W/ "ID FROM TO W/ "ID TYPE CASING: _____ <hr/> 3 SCREEN TYPE: DIA SLOT/GA SET FROM FT TO FT TYPE: DIA SLOT/GA SET FROM FT TO FT <hr/> 4 GRAVEL PACK FROM FT TO FT <hr/> 5 BACK FILLED WITH: _____ FROM FT TO FT <hr/> 6 SEALED WITH: _____ FROM FT TO FT FROM FT TO FT <hr/> 7 DISINFECTED WITH: _____ <hr/> 8 USE OF WELL: DOMESTIC <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> MONITOR <input type="checkbox"/> LIVESTOCK/POULTRY <input type="checkbox"/> TEST WELL <input type="checkbox"/> OIL/GAS SUPPLY <input type="checkbox"/> SEMI-PUBLIC <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> OTHER _____ <hr/> (A/C HEATPUMP TYPE WELLS) SOURCE <input type="checkbox"/> RETURN <input type="checkbox"/> CLOSED LOOP <input type="checkbox"/> <hr/> 9 (For A/C only) Will system also be used for purposes other than Heating or Air Conditioning? If yes, name use: _____ yes <input type="checkbox"/> no <input type="checkbox"/> <hr/> 10 (For A/C open-loop only) Into what medium is water returned? <hr/> 11 REMARKS <hr/> 12 SIGNED _____ DATE _____	
	FROM	TO																																				
ATTACH ADDITIONAL SHEETS IF NECESSARY																																						
2 TOTAL DEPTH OF WELL _____ ft																																						
3 DEPTHS TO WATER PRODUCING FORMATIONS																																						
4 STATIC WATER LEVEL _____ Ft below land surface																																						
5 YIELD _____ gallons per <input type="checkbox"/> min <input type="checkbox"/> hr																																						
6 DIAMETER OF BORE HOLE _____ IN																																						
C PUMP REPORT																																						
1 TYPE PUMP: SUBMERSIBLE <input type="checkbox"/> TURBINE <input type="checkbox"/> JET <input type="checkbox"/>																																						
2 SETTING DEPTH: _____ FEET																																						
3 BRAND NAME AND SERIAL NUMBERS:																																						
4 RATED CAPACITY _____ gallons per minute																																						
5 TYPE LUBRICATION																																						
6 DROP PIPE OR COLUMN PIPE SIZE																																						
7 WIRE SIZE																																						
8 PRESSURE TANK . . . SIZE, MAKE, MODEL																																						
9 DATE OF INSTALLATION OR REPAIR																																						
10 Is there an abandoned water well on the property?																																						

AWO 7 JAN 85 Arkansas Water Well Construction Commission, 101 East Capitol, Suite 350, Little Rock, AR 72201
ACI-5946