UNITED STATES DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE

JS-642-01

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.

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

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:

NRCS Approval

Designed by: _____ Date _____

Checked by: _____ Date _____

Approved by: _____ Date _____

Consruction Checkout

Inspection and other notes (attach plan map showing location of practice, crops, and acres. For EQIP include description of previous irrigation practices on property):

Manufacturer and markings on well casing, pipe, and equipment:

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STATE OF ARKANSAS
REPORT ON WATER WELL CONSTRUCTION & PUMP INSTALLATION

A

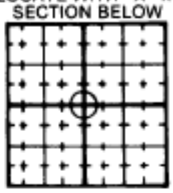
1 Contractor Name & Number: _____ C# _____

2 Driller Name & Number: _____ D# _____

3 Pump Installer Name & Number: _____ P# _____

4 Date Well Completed: _____ New Well ☐ Replace or Work-over ☐

10 LOCATE WITH 'X' IN SECTION BELOW



5 COUNTY	6 FRACTION	7 SECTION	8 TOWNSHIP	9 RANGE
	¼ of ¼ of			

LONGITUDE 11 _____ ° _____ ' _____ "

LATITUDE 11 _____ ° _____ ' _____ "

B

1 DESCRIPTION OF FORMATION: DEPTHS IN FEET

	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 ☐ min ☐ hr

6 DIAMETER OF BORE HOLE _____ IN

C PUMP REPORT

1 TYPE PUMP: SUBMERSIBLE ☐ TURBINE ☐ JET ☐

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?

D

1 LAND OWNER OR OTHER CONTACT PERSON:

NAME

STREET ADDRESS

CITY

2 CASING FROM _____ TO _____ W/ _____ "ID

FROM _____ TO _____ W/ _____ "ID

TYPE CASING:

3 SCREEN

TYPE: _____ DIA _____ SLOT/GA _____

SET FROM _____ FT TO _____ FT

TYPE: _____ DIA _____ SLOT/GA _____

SET FROM _____ FT TO _____ FT

4 GRAVEL PACK FROM _____ FT TO _____ FT

5 BACK FILLED WITH: _____

FROM _____ FT TO _____ FT

6 SEALED WITH: _____

FROM _____ FT TO _____ FT

FROM _____ FT TO _____ FT

7 DISINFECTED WITH:

8 USE OF WELL:

DOMESTIC	☐	COMMERCIAL	☐
IRRIGATION	☐	MONITOR	☐
LIVESTOCK/POULTRY	☐	TEST WELL	☐
OIL/GAS SUPPLY	☐	SEMI-PUBLIC	☐
PUBLIC SUPPLY	☐	OTHER	

(A/C HEATPUMP TYPE WELLS)

SOURCE	☐	RETURN	☐
CLOSED LOOP	☐		

9 (For A/C only) Will system also be used for purposes other than Heating or Air Conditioning?
If yes, name use: yes ☐ no ☐

10 (For A/C open-loop only) Into what medium is water returned?

11 REMARKS

12 SIGNED DATE

AWD-7 JAN 89
ACI-5945

Arkansas Water Well Construction Commission, 101 East Capitol, Suite 350, Little Rock, AR 72201