



Well Completion Report State of New Hampshire Water Well Board



Required under We 800. This report must be submitted within **90 days** after the completion of the well.

Well Number _____ (for contractor use) **WRB#** _____ (for WWB use)

1. **Well Owner/Home Owner:** _____
and/or _____ Name _____ Permanent Mailing Address _____

Building Contractor: _____
Name _____ Permanent Mailing Address _____

2. **Location of Well:** Town _____ Address _____
Street No. _____ Road Name _____

Parcel Information: Tax Map No. _____ Lot No. _____

Latitude: N ____ degrees ____ . ____ decimal minutes **GPS Manufacturer:** Garmin Magellan

Longitude: W ____ degrees ____ . ____ decimal minutes Other _____

Format: dd° mm.mmm' (degrees, decimal minutes), Map Datum: WGS 84

3. **Setback Reduction:** Yes No **If Yes, from:** Property line Road Septic System Surface Water

4. **Date Well was Completed:** _____

5. **Proposed Use of Well:** Residential Water Supply Public Water Supply Commercial Other _____
(check all that apply) Monitoring Well Agricultural/Irrigation Closed Loop Geothermal Open Loop Geothermal

6. **Reason for Constructing Well:** New Replace Existing Deepen Existing Additional Supply Other _____

7. **Type of Well:** Bedrock Overburden (drilled) Gravel (Drilled) Dug Point Wash Other _____

8. **Total Depth of Well:** _____ feet below land surface.

9. **Depth to Bedrock:** _____ feet below land surface.

10. **Casing Details:** Length _____ ft., Diameter _____ in., Material _____, Wt. _____ lb./ft.

11. **Method(s) of Sealing Casing to Bedrock:** Drive Shoe Drillings Grout Other _____

12. **Measured Yield:** Bailed Pumped Compressed Air for _____ Hours at _____ GPM

13. **Static Water Level:** _____ feet below land surface. Date Measured _____

14. **Water Analysis:** Has the water been analyzed? Yes No If yes, where _____

15. **Stratigraphic and Lithologic Log:**

Depth in Feet		Water Bearing	Overburden Description				Texture	Color(s)	
From	To								
Ground Surface		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sand	<input type="checkbox"/> Gravel	<input type="checkbox"/> Till	<input type="checkbox"/> Clay/Silt			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sand	<input type="checkbox"/> Gravel	<input type="checkbox"/> Till	<input type="checkbox"/> Clay/Silt			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sand	<input type="checkbox"/> Gravel	<input type="checkbox"/> Till	<input type="checkbox"/> Clay/Silt			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sand	<input type="checkbox"/> Gravel	<input type="checkbox"/> Till	<input type="checkbox"/> Clay/Silt			
Bedrock			Bedrock Description				Texture	Color(s)	
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Weathered	<input type="checkbox"/> Competent	<input type="checkbox"/> Granite	<input type="checkbox"/> Basalt	<input type="checkbox"/> Schist	<input type="checkbox"/> Gneiss	<input type="checkbox"/> Other
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Weathered	<input type="checkbox"/> Competent	<input type="checkbox"/> Granite	<input type="checkbox"/> Basalt	<input type="checkbox"/> Schist	<input type="checkbox"/> Gneiss	<input type="checkbox"/> Other
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Weathered	<input type="checkbox"/> Competent	<input type="checkbox"/> Granite	<input type="checkbox"/> Basalt	<input type="checkbox"/> Schist	<input type="checkbox"/> Gneiss	<input type="checkbox"/> Other

Descriptors: Texture: Fine, Medium, Coarse

Color: White = 1, Gray = 2, Black = 3, Blue = 4, Green = 5, Yellow = 6, Brown = 7, Pink = 8, Rusty = 9

dwgbinfo@des.nh.gov or phone (603) 271-2513

PO Box 95, Concord, NH 03302-0095

16. **Yield Log:** If the yield was tested at different depths during drilling, list below.

Feet	GPM	Feet	GPM	Feet	GPM

17. **Additional Well Development Methods:**

Hydro-Fracturing Information: Standard Zone Number of Settings _____

Packer Settings (Ft) 1st Set _____ 2nd Set _____ 3rd Set _____ 4th Set _____

High Pressure (PSI) _____

Low Pressure (PSI) _____

Surging Depths: 1st Set _____ 2nd Set _____ 3rd Set _____ 4th Set _____

Other Methods (Explain) _____

18. **Date Well Was Developed:** _____

19. **Measured Yield:** After Development _____ GPM, Before Development _____ GPM

20. **Additional Well Seals Installed Inside of Well:**

Jaswell Type Seal Shale Packer Depth Setting _____ feet below land surface.

Other (Explain) _____

Drop Pipe Used: Steel PVC Grouted Between Liner and Outer Casing

21. **Screen Details:** Make & Type _____, Material _____, Length _____ ft.

Diameter _____ in., Slot Size _____, Depth to top of screen from land surface _____ ft.

Gravel Pack, if used: Gravel Size or Type _____

22. A water well contractor must provide a drawing indicating the position of each well, if more than one well is located within the lot, relative to significant permanent man-made features. Provide this information in the space below or as an attachment to this form. Additional information attached: Yes No

23. A technical driller must submit a separate well completion report for every monitoring well installed into bedrock at a single property or place of business. A technical driller also must submit a well completion report for the deepest monitoring well the licensee installs at a property or place of business. If the technical driller has not completed a separate well completion form for each monitoring well they installed in unconsolidated material at a single property or place of business, then the licensee must prepare and submit a map showing the location of each monitoring well installed by the technical driller relative to significant man-made or natural features at a given site, and relative to well(s) located with GPS. Please provide this sketch below, or as an attachment to this Well Completion Form. Additional information attached: Yes No

24. Please attach results of drawdown test, if performed.

25. Please provide any additional or unusual information about the well in the space below or as an attachment to this form.

Additional Notes (use space provided below):

Doing Business as _____
Company or Business Name

Report Filed by _____
Licensee Signature

Date of Report _____ License No. _____