RHODE ISLAND DEPARTMENT OF HEALTH
Center for Drinking Water Quality

PUBLIC DRINKING WATER SYSTEM
SOURCE WELL DATA FORM

Name of Water System _____

City/Town _____

Well number or identification _____

Describe location of well _____

_____

GPS Coordinates of well (degrees, minutes, seconds) Lat: _____ Long: _____

Name of driller _____ Date drilled _____

Please attach copy of drillers log
Provide as much information as possible. Please do not guess.

Well Data

Type of Well: Drilled   Driven   Dug   Gravel Packed   Gravel Developed

Drilling Method _____

Depth (ft.) _____

Diameter (in.) _____

Depth to bedrock (ft.) (if applicable) _____

Well Screen (if applicable)

Material _____   Manufacturer _____

Diameter (in) _____   Slot Size _____

Length (ft) _____

Gravel Pack (if applicable)

Thickness of gravel placement (in) _____

Depth of gravel placed (ft below grade) _____

Size of gravel placed _____

Protective Casing

Diameter (in.) _____   Length of casing (ft.)_____

Casing material _____

Nominal Borehole Diameter (in) _____   Depth (ft)_____

Grouting Material _____

Depth to Top of Grouting (ft) _____ Total Depth of Grouting (ft) _____

Total Amount of Grouting Material (not including water)(cf or lbs) _____

Well Top

Terminates _____(feet) above / below   grade / pit floor / pumphouse floor

Pitless Adaptor? _____ Sanitary seal? _____ Bolted cover? _____ Turbine Pump? _____

Drainage

Topography/floor slopes away from well? _____

Pit or Pumphouse floor is earth _____ concrete _____ other _____

Drains by: Floor drain _____ Sump pump _____ Gravity drain _____

Pump Test Data

Date: _____ Performed by: _____

Static water level _____feet from top of casing / below grade

Pump Depth _____ feet from top of casing / below grade

Pump rate_____ gpm   Duration of Test _____ hours

Maximum Drawdown _____feet from top of casing / below grade

Drawdown Stabilized_____ hours

Safe Yield (gpm) _____ or Specific Capacity (gpm/ft) _____

Pump

Type _____   Powered by _____

Make _____   Model _____

Motor HP _____   Rated Capacity _____ gpm @ _____ft TDH

Setting Depth (ft)_____   Suction Depth (ft) _____

Station Static Head (ft) _____   Station Discharge Head (ft) _____

Potential Sources of pollution within 1750 feet

Nearest underground disposal of sewage (ft) _____

     leachfield _____ cesspool _____other _____

Nearest detention pond or dry well (ft) _____.

     Stormwater _____ Industrial discharge _____ other _____

Nearest sanitary sewer (ft) _____   Nearest storm sewer (ft) _____

Nearest Waste Disposal Area (ft) _____ Lined _____ Unlined ____

Nearest surface water (ft) _____ Name and type _____