OWRB Assigned ID:

Well Record ID _____

Other Site ID _____

# WATER WELL INVENTORY FORM

## REQUIRED GENERAL SITE INFORMATION:

Date Form Completed: _____ Name of Person : _____

Site Name (descriptive):_____

Site Type (circle one): well spring sinkhole other (list) _____

Main Use of Water (circle one): domestic livestock irrigation public supply commercial tourism/historic industrial mining agriculture, non-irrigation unused capped well other (list)_____

Legal Location (if known): _____¼ of _____¼of _____¼ of sec_____; T_____; R_____
County_____ *Example: NE/4 of NW/4 of SW/4 Section 3, Township 4 N or S (North or South); Range 2 EI or WI or ECM (East or West of Indian Meridian or East of Cimarron Meridian for the Panhandle)*

Directions to get to well: _____

_____

Well Owner_____ Phone Number(s) _____

Owner's Address (Line 1):_____

Owner's Address (Line 2):_____

Owner's City, State, and Zip Code: _____

Latitude_____ Longitude_____ Altitude (if available)_____ feet

Lat-Long GPS Method (circle one): Smart Phone Picture from Smart Phone GPS Unit Brand/Model _____

Altitude Method (circle one): Topo Map GPS Trimble Precision Other GPS _____

Date of Construction (If available): _____ Well Depth (If available): _____feet

Surface Pipe Material (circle one): galvanized iron or steel PVC/plastic steel other _____

Surface Pipe Diameter:_____ inches

## WELL CONSTRUCTION DATA (if available):

Source of Well Depth (circle one): driller log measured owner other _____

Surface Pipe Material (circle one): galvanized iron or steel PVC/plastic steel other _____

Surface Pipe Diameter:_____ inches

Well Casing Material (circle one): steel P.V.C. other _____ Diameter of Casing (inches):_____

Type of Seal (circle one): cement grout cement grout with bentonite clay none other _____

Type of Completion (circle one): above ground pitless adapter below ground (connection between wells)

Estimated Yield of Well: _____ gpm Reported Depth to Water: _____feet Flowing Artesian: yes no

Other well on property (if any): _____

Is well capped? Yes No If capped, is there an access port for measuring water level? Yes No

**SIGNATURE OF LANDOWNER** _____ **DATE** _____

***THE ABOVE SIGNATURE AUTHORIZES MY WELL TO BE ENTERED INTO THE STATE WATER WELL INVENTORY DATABASE***