**Florida Department of Environmental Protection**
Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

# MONITOR WELL COMPLETION REPORT

DATE: _____

FACILITY NAME: _____

FACILITY ID (DEP PERMIT NUMBER): _____

WELL NAME: _____ WELL DESIGNATION: Background _____

WELL WAFR NUMBER: _____ Intermediate _____

Compliance _____

WELL LOCATION: Latitude: _____ Longitude: _____

Section: _____ Township: _____ Range: _____

INSTALLATION METHOD: _____ AQUIFER MONITORED: _____

INSTALLED BY: _____

TOTAL DEPTH: _____ (bls) BOTTOM OF SCREEN: _____ (bls)

SCREEN LENGTH: _____ SCREEN SLOT SIZE: _____ SCREEN TYPE: _____

CASING DIAMETER: _____ CASING TYPE: _____

CASING LENGTH: _____ FILTER PACK MATERIAL: _____

TOP OF CASING ELEV: _____ (MSL) GROUND SURFACE ELEVATION: _____ (MSL)

WELL COMPLETION DATE: _____

WELL DEVELOPMENT: _____

(narrative description) _____

POST DEVELOPMENT WATER ELEV: _____ (MSL) DATE & TIME MEASURED: _____

REMARKS: _____

(soils information, stratigraphy, etc.) _____

REPORT PREPARED BY: _____

(name, company, phone number)

**NOTE: PLEASE ATTACH DRILLER'S LOG & SCALED WELL LOCATION PLAN.**

(bls) = Below Land Surface
(MSL) = Mean Sea Level