COMMONWEALTH OF VIRGINIA VIRGINIA DEPARTMENT OF ENERGY MINED LAND REPURPOSING

3405 MOUNTAIN EMPIRE ROAD; BIG STONE GAP, VA 24219 TELEPHONE: (276) 523-8100

WELL CONSTRUCTION DATA SHEET

|  |  |  |  |
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| **Company** |  | **Application/Permit No.** |  |
| **Location No. (s)** |  |  |
| **INSTRUCTIONS:**1. Make copies of this form as needed. |  |  |  |  |  |  |  | **Type of Well (check as applicable)** |
| 2. Fill in the information as applicable. |  |  |  |  |  |  |  |  | **Baseline Well** |
| 3. Put additional information on attached sheet(s). |  |  | **Monitoring Well** |
| Well Owner Name |  | Date Well Drilled |  |
| Drilling Company Name |  | Drilling Method |  |
| Address |  | Diameter Drilled (in.) |  |
| Drilling Log Available? |  | Yes (include) |  | No | Depth Drilled (ft.) |  |
| Latitude |  |  | Depth Completed (ft.) |  |
| Longitude |  | Surface Elevation (ft.) MSL |  |
| **Depth to Water Producing Zone**(Point of encounter) |  | **CASING** | INNER | OUTER |
| Top (ft.) | Bottom (ft.) | Type |  |  |
|  |  | Diameter (in.) |  |  |
|  |  | Length (ft.) |  |  |
|  |  | Perforated (Yes/No) |  |  |
| Well Screened |  | Yes |  | No | If yes, size (in.) |  |  |
| Screening Type |  | Perforation Spacing - | Vertical |  | Horizontal |  |
| Diameter (in.) |  | Perforated | from (ft.) | to (ft.) |
| Screened | from (ft.) | to (ft.) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Well Gravel Packed?** |  | Yes |  | No |  | **STATIC WATER LEVEL(S)** |
| If yes, specify type |  | Feet | Date |
| **Method of Sealing** |  | Grout |  | Bentonite |  |  |
| Mixture (water/sacks) |  |  |  |
| **Pump Test Conducted?**If yes, include test results. |  | Yes |  | No |  |  |  |
| **Final Well Yield (gpm)** |  | Method of Determination |  | Duration |  |
| Data Compiled by |  | Position/Title |  |
| Title of Person Supervising Well Installation (if applicable) |  |

REMARKS:

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| **CERTIFICATION:**I certify that I am familiar with the information submitted herein and any attachments thereto, and to the best of my knowledge, such information is true, complete, and accurate. |
| Name of Principal Executive Officer or Authorized Agent |  | Signature |  |