CLOSED LOOP WELL SYSTEM CONSTRUCTION REPORT

COMPLETE AND SUBMIT WITHIN 30 DAYS OF WELL COMPLETION

Local Health Department _____

Phone _____ Fax _____

Contractor: _____

Registration # _____ Phone # _____

Drill Operator _____

Well Completion Date _____ # of Holes _____

Depth of Boreholes _____

Diameter of Holes _____ Size of Pipe/DR _____

Piping from header to building: Size of Pipe/DR _____

Trace Wire /Locators Used? ☐ Yes ☐ No

Property Owner _____

Jobsite Address _____

_____

Owner Phone # _____

HVAC Contractor (if different than driller):

_____ Phone #_____

Antifreeze Installed By ☐Driller ☐ HVAC Contractor

Antifreeze Type & Percentage _____

Grout Information

☐ Bentonite ☐Enhanced ☐ Graphite

Bentonite

# of Batches per hole _____ Lbs per batch _____

Sand

# of Batches per hole _____ Lbs per batch _____

Graphite

# of Batches per hole _____ Lbs per batch _____

Plugs Used? ☐Yes ☐No

Method: ☐ Tremie Pipe ☐Other

If Method is "Other", Explain: _____

_____

System Location:

GPS Coordinate W _____

GPS Coordinate N_____

DRILL LOG

FROM	TO	FORMATION

Variance obtained for this jobsite? ☐Yes ☐ No

Was there any deviation from the permit application for this jobsite? ☐Yes ☐ No

Explain (attach drawing when needed) _____

Contractor Signature _____