OWRD WELL INVENTORY SHEET

OWRD Logid: _____ _____

Site name: _____ **T/R-S ABC** _____/_____ - ____ _____

State Obs Well Num _____ **Well Tag on well L** _____ **County** _____

StartCard _____ **Well Tag on log L** _____ Taxlot _____

USGS ID _____ **Surface csg diam (in field)** _____ **Basin** _____

Land Surface Elev _____ ft **Elev error** _____ (1/2 contour int if fr topo) **7.5-min map** _____

Horizontal Error (if location source is not gps) _____ ft

Elevation Source: ☐ 7.5-min Map ☐ GPS ☐ Altimeter ☐ 15-min Map ☐ Survey*

Location Source: ☐ 7.5-min Map ☐ GPS ☐ Final Proof Survey* ☐ Other Survey* ☐ Tax Lot Map (attach)

***Survey details** _____

*Survey comments _____

Well address _____

GPS Data:

GPS Make / Model _____ **Distance to well from GPS** _____ ft

Waypoint or file name _____ **Bearing to well from GPS** _____ degrees

Lattitude (N)**				.					
Longitude (W)**				.					

Record **average readings; Decimal degrees, 5 decimal places, WGS1984

GPS Sketch for Offsets or Multiple Wells

Estimated horizontal error _____ ft

Number of data points averaged _____ (120-180 minimum)

GPS elevation _____ ft GPS elev error _____ ft

Inspected by _____

Date _____

Office (city) _____ **Region** _____ **Division** _____ **Section** _____

Info from well log(s) including original hole (Be sure to ask owner about deepenings, reconditionings, etc.)**:**

Log County	Log Num	Type Work	First Water	Static W Lvl	Static W Lvl Date	Compl Depth	Compl Date	Owner on Log
					Maximum well depth ➔			

Well comments (use back, if necessary): _____

Water Rights Listing This Well:

Applic or Transfer		Permit			Certificate	POD	Comments

Current Owner _____ Phone (H): _____

Business Name: _____ Phone (W): _____

Contact: _____ Phone Cell: _____

Address: _____ Fax: _____

City / State / Zip: _____ Email _____

Owner comments: _____

Land Use: ☐ Rural Residential ☐ Rural Farmland ☐ Urban ☐ Other (specify) _____

Repeat visits: Yes / No / Probably Call first: Yes / No Stop by house: Yes / No OK if not at home: Yes / No

Call first phone number _____

Use: ☐ Unused ☐ Other (specify) _____

Unused status: ☐ Sanitary seal ☐ Spot-welded plate ☐ Bead-welded plate ☐ Other _____

Pump type: ☐ None ☐ Submersible ☐ Turbine ☐ Other _____

Well Location Description **Well Location Sketch**

_____

_____

_____

_____

_____

_____

_____

02/13/2002