

NOTIFICATION OF INTENT TO DRILL A WATER WELL AND CERTIFICATION OF COMPLETION

DRILLING CONTRACTOR _____ License Number _____ Address _____ Zip Code _____ Date _____

PROPERTY OWNER _____ Address (mailing) _____ Zip Code _____

WELL LOCATION _____ County _____ Township _____ Range _____ Section _____ 1/4 Section _____

Distance and direction from nearest town, community, road junction or other reference point

WELL TO BE USED FOR: Private supply Public supply Industrial supply Test well Monitoring well
 Irrigation Other: _____

LOCATION OF WELL: Latitude _____ Longitude _____ Diameter of well _____ Estimated depth _____

Estimated starting date _____
 Drilling Method: Cable tool Rotary Jetted Bored Other: _____

SIGNATURE of Drilling Contractor _____

Total Depth _____ Completion Date _____

Interval	Description of cuttings		Completion date: report depths below ground level				
		Pump	Type: <input type="checkbox"/> Turb. <input type="checkbox"/> Subm. <input type="checkbox"/> Jet <input type="checkbox"/> Cyl Other _____				
			Intake depth _____ H.P. _____ Yield _____ gpm				
		Capacity	Tested by: <input type="checkbox"/> pumping <input type="checkbox"/> air lift <input type="checkbox"/> bailer <input type="checkbox"/> none				
			Measured Static Water Level _____ ft.				
			Measured pumping level _____ ft. after _____ hrs. pumping _____ gpm				
			Development time prior to testing _____ hrs.				
		Finish	<input type="checkbox"/> Open hole <input type="checkbox"/> Screened <input type="checkbox"/> Slotted pipe <input type="checkbox"/> Gravel pk.				
			Interval(s) screened: _____ to _____ ft.				
			_____ to _____ ; _____ to _____ ft.				
			Packer(s) set at _____ and _____ ft.				
			Screen: diam. _____ ; Size openings _____				
		Casing	Interval cased	Diam. (Inches)	*Type pipe	*Type couplings	Interval grouted
			*Couplings: Threaded & Coupled (T&C) Welded (W) Threaded & coupled & welded (TC&W)				
			Other: _____				
			*Pipe: Black; PCV; Galv.; Other: _____				
		Quality	Water analysis obtained? (check) <input type="checkbox"/> No <input type="checkbox"/> Bacteriological <input type="checkbox"/> Chemical				
			Analysis by: <input type="checkbox"/> Ala Geol. Surv. <input type="checkbox"/> U.S. Geol. Surv. <input type="checkbox"/> Ala Health Dept. <input type="checkbox"/> Private lab.				
			Signed Certification: _____				

*For deeper well please attach continuation sheet.
 Send WHITE copy to:
 ALABAMA GEOLOGICAL SURVEY
 P.O. BOX 869999
 TUSCALOOSA, AL 35486

Send YELLOW and PINK copies to:
 ADEM DRINKING WATER BRANCH
 P.O. BOX 301463
 MONTGOMERY, AL 36130-1463

Retain GOLD copy for your Records

NOTIFICATION OF INTENT TO DRILL A WATER WELL

DRILLING CONTRACTOR	License Number	Address	Zip Code	Date	
PROPERTY OWNER	Address (mailing)			Zip Code	
WELL LOCATION	County	Township	Range	Section	1/4 Section
Distance and direction from nearest town, community, road junction or other reference point					
WELL TO BE USED FOR:	<input type="checkbox"/> Private supply	<input type="checkbox"/> Public supply	<input type="checkbox"/> Industrial supply	<input type="checkbox"/> Test well	<input type="checkbox"/> Monitoring well
	<input type="checkbox"/> Irrigation	Other: _____			
LOCATION OF WELL:	Latitude	Longitude	Diameter of well	Estimated depth	
Estimated starting date	Drilling Method: <input type="checkbox"/> Cable tool				
	<input type="checkbox"/> Rotary				
	<input type="checkbox"/> Jetted				
	<input type="checkbox"/> Bored				
	<input type="checkbox"/> Other: _____				
					SIGNATURE of Drilling Contractor

Prior to drilling, mail this page to:

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 DRINKING WATER BRANCH
 PO BOX 301463
 MONTGOMERY AL 36130-1463