



WATER WELL LOG

Water Department

260.925.5711 | 260.920.3352 fax | 800 W North St/PO Box 506, Auburn, IN 46706 | water@ci.auburn.in.us

PROJECT LOCATION									
Address									
Subdivision, Lot									
Property Owner									
Start Date					Completion Date				
CONTRACTOR INFORMATION									
Applicant		Name							
		Address							
		Phone / Email							
Contractor Same as applicant Y N		Name							
		Address							
		Phone/Email							
Equipment Operator		Name							
		Phone/Email							
CONSTRUCTION DETAILS									
Use Type		Drilling Method		Well Type		Pump Type		Casing	
Home		Cable Tool		Drilled		Submersible	Length	ft	Diameter in
Industry		Rotary		Gravel Pack		Shallow-Well Jet	Screen		
Test		Jet		Driven		Deep-well Jet	Length	ft	Diameter in
Irrigation		Rev Rotary		Other*		Other*	Screen Slot		
Public Supply		Bucket Rig					Size	Depth	ft
Other*							Pump Setting Depth		
*Describe Other							Depth	ft	
WELL CAPACITY TEST									
Test Type		Test Rate		Drawdown		Static Level (depth to water)		Water Quality (clear, cloudy, odor, etc)	
Bailing		gpm		ft		ft			
Pumping		hrs							

Applicant's Signature

Printed Name

Date

Return completed record within 30 days to email or address above