



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