



**State of Hawaii**  
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
**Department of Land and Natural Resources**  
**WELL COMPLETION REPORT - PART I**  
**Well Construction**

For Official Use Only:

**Instructions:** Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at **587-0225**. For updates to this form or additional information, please visit our website at <http://www.state.hi.us/dlnr/cwrm/>

1. State Well No.: \_\_\_\_\_ Well Name: \_\_\_\_\_ Island: \_\_\_\_\_
2. Well Location Address: \_\_\_\_\_ Tax Map Key: \_\_\_\_\_
3. Drilling Company: \_\_\_\_\_
4. Drilling method used during construction:  Rotary  Percussion  Other (describe)
5. Date Well Construction (drilled,cased,grouted) completed: \_\_\_\_\_  
month/day/year
6. Was the subject well cored?  Yes  No
7. Step-Drawdown Test completed?  No  Yes **Attach Step-Drawdown Test form (12/17/97 SDPTD Form)**
8. Constant Rate Aquifer Test completed?  No  Yes **Attach Constant Rate Aquifer Test form (12/17/97 CRPTD Form)**

<b>Water Level Data:</b>	<b>Reference point elevation</b>	<b>-</b>	<b>Depth to water (feet)</b>	<b>=</b>	<b>Water Level ft. above mean sea level (see note below)</b>	<b>Date/time of measurement</b>
9. Initial encountered during drilling (this should also be filled in on the driller's log)	Ground = _____ ft. msl					
10. Just prior to casing installation	Ground = _____ ft. msl					
11. After casing installation (this information should be before any pump tests are performed with casing installed)  Chloride: _____ ppm, Temperature: _____ °F	If this reference point is not the benchmark, the difference between the benchmark and this point is: _____ ft.					

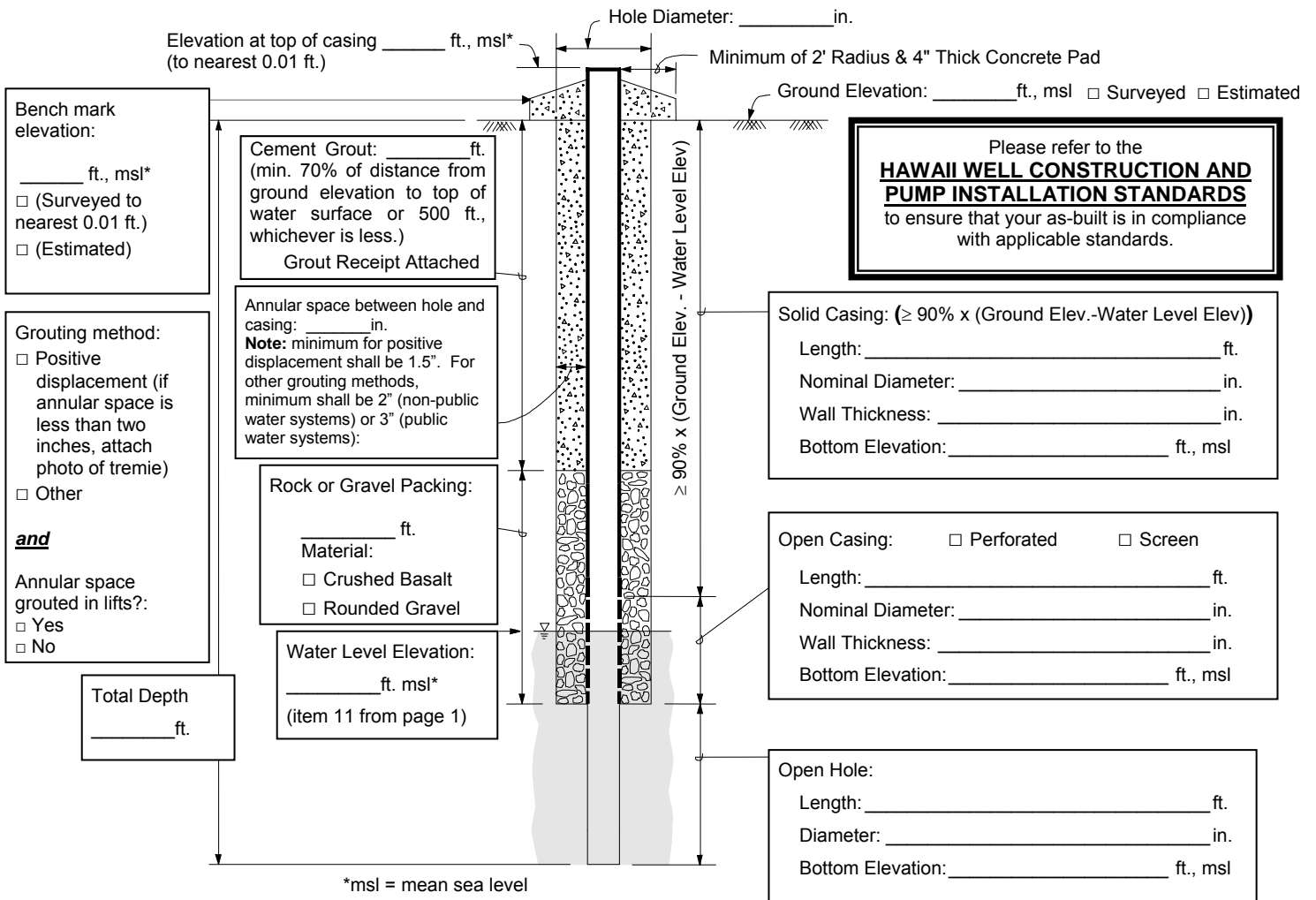
*note: for all elevations referenced to mean sea level, take the ground elevation (surveyed or estimated if survey not required at this time) and subtract the depth to the water level.*

12. **As-built section filled in completely (refer to attached sheet)**
13. **Driller's Log filled in completely (refer to attached sheet)**
14. **Well location info filled in completely (refer to attached sheet)**
15. **Well elevation certification filled in completely (refer to attached sheet)**
16. **Photograph of well and concrete pad showing benchmark on concrete pad attached**
17. If a pump is not planned to be installed, please describe (below in the remarks section) how well is secured to prevent unauthorized access (example: lockable cover, threaded coupling, etc.)
18. Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Licensed Driller** (print) \_\_\_\_\_ C-57 Lic. No. \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**12. AS-BUILT WELL SECTION** (Please attach as-built if different from diagram provided below)

STATE WELL NO. \_\_\_\_\_



\*msl = mean sea level

**Solid Casing Material:**

- Carbon Steel:** compliant with (check one or more):  ANSI/AWWA C200  API Spec. 5L  ASTM A53  ASTM A139  
 And compliant with (check one or more):  ASTM A242 or A606  Type E  Type S  Grade B  Other
- Stainless Steel:** (check one):  ASTM A409 (production wells)  ASTM A312 (monitor wells)
- ABS Plastic** conforming to ASTM F480 and ASTM D1527: (check one)  Schedule 40  Schedule 80
- PVC Plastic** conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):  Schedule 40  Schedule 80  Schedule 120
- Thermoset Plastic:** (check one)  Filament Wound Resin Pipe conforming to ASTM D2996  
 Centrifugally Cast Resin Pipe conforming to ASTM D2997  
 Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517  
 Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950  
 PTFE Fluorocarbon Tubing conforming to ASTM D3296  
 FEP Fluorocarbon Tubing conforming to ASTM D3296

**Open Casing Material:**

- Carbon Steel:** compliant with (check one or more):  ANSI/AWWA C200  API Spec. 5L  ASTM A53  ASTM A139  
 And compliant with (check one or more):  ASTM A242 or A606  Type E  Type S  Grade B  Other
- Stainless Steel:** (check one):  ASTM A409 (production wells)  ASTM A312 (monitor wells)
- ABS Plastic** conforming to ASTM F480 and ASTM D1527: (check one)  Schedule 40  Schedule 80
- PVC Plastic** conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):  Schedule 40  Schedule 80  Schedule 120
- Thermoset Plastic:** (check one)  Filament Wound Resin Pipe conforming to ASTM D2996  
 Centrifugally Cast Resin Pipe conforming to ASTM D2997  
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 PTFE Fluorocarbon Tubing conforming to ASTM D3296  
 FEP Fluorocarbon Tubing conforming to ASTM D3296

**13. DRILLER'S LOG**

Estimated Grade Elevation

Page: \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ ft. msl

**STATE WELL NO.** \_\_\_\_\_

Depth: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

*In addition to the driller's log, if a geologic log was prepared, please submit with this form*

Down hole video conducted

Dates	Depth from surface (ft)	Rock/Drilling Description	Description of Water encountered (e.g., moisture on wall, water table, water level) with time of measurement and depths observed (ft.) *	Cl <sup>-</sup> (ppm) or Conductivity (µS/cm)	Temp (°F / °C)	Comments or other observations
_____	_____ to _____	_____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____	_____
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_____	_____ to _____	_____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____	_____

\* It is highly recommended that a water level be recorded at the beginning of each drilling shift.

**14. WELL LOCATION AND CURRENT OWNERSHIP INFORMATION**

STATE WELL NO. \_\_\_\_\_

Well coordinates (decimal degrees to at least 5 decimal places, example Latitude 21.334303, Longitude -157.962447)

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Was a GPS used?  yes  no (if no, specify how you got these coordinates: \_\_\_\_\_)

Current well owner  same as application or  new (fill in below)

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Company Website \_\_\_\_\_

Current land owner  same as application or  new (fill in below)

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

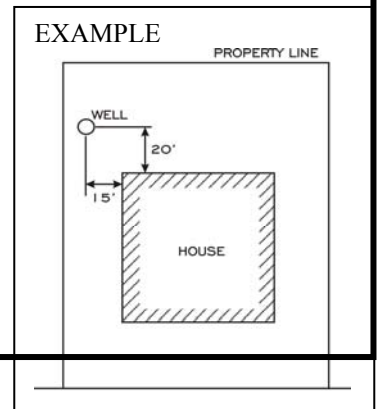
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Company Website \_\_\_\_\_

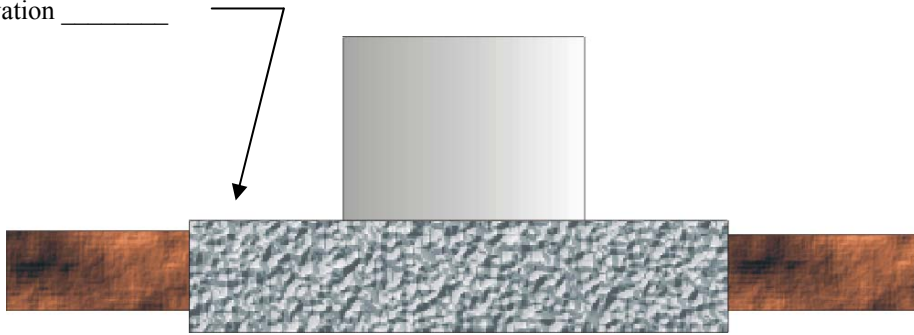
Photo or sketch of well location (Referenced to permanent landmark, i.e. building, road, fence, etc.)



15. WELL ELEVATION

STATE WELL NO. \_\_\_\_\_

Benchmark Elevation \_\_\_\_\_



I certify that the elevation shown above:

- 1) Was done in accordance with acceptable surveying practices
- 2) Is accurate to the nearest 0.01 ft.
- 3) Is referenced to mean sea level

\_\_\_\_\_  
Surveyor

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Date