



WATER AND SEWERAGE AUTHORITY

WATER RESOURCES AGENCY

WELL COMPLETION REPORT

WELL NAME AND NUMBER: _____

CONTRACTOR'S NAME: _____

DATE WELL COMPLETED: _____

TOTAL DEPTH DRILLED: _____ DIAMETER OF WELL: _____

TYPE OF CASING: _____ DIAMETER OF CASING: _____

SCREEN TYPE: _____ SLOT SIZE: _____

SCREEN INTERVAL (S): _____

FORMATION (S) PENETRATED

INTERVALS	DESCRIPTION (SOIL TYPE)
0.00 _____	_____
_____	_____
_____	_____

GEOPHYSICAL LOGS INCLUDED? YES [] NO []

STATIC WATER LEVEL: _____

FLOW RATE: _____

PUMPING LEVEL: _____

DATE _____

AUTHORISED SIGNATURE _____

This Completion Report must be accompanied by the Application for License to Abstract Water (on form provided). Included with these, must be the results of a Chemical and Bacteriological Analysis, conducted on a water sample from the well done by WASA's Water Quality Department.

(Tel. No. 674-8535)