Mahec	2600 Bull S		Vater Well RecordNote: Personal information provided on this document is subject to public scrutiny or release.
1. WELL OWNER INFORMATION:	•		7. PERMIT NUMBER:
Name:	(6:	A	
(last) Address:	(last) (first)		8. USE:
			Residential Public Supply Process
City: State:	Zip:		Irrigation Air Conditioning Emergency Test Well Monitor Well Replacement
Telephone: Work:	Home:		9. WELL DEPTH (completed) Date Started:
2. LOCATION OF WELL:	COUNTY:		ft. Date Completed:
Name:			10. CASING: Threaded Welded
Street Address:	7:		Diam.: Height: Above/Below Type:
City:	Zip:		Surface It.
Latitude: Longitude:			in. toft. depth Drive Shoe? □ Yes □ No
Landde. Longitude.			in. to ft. depth
3. PUBLIC SYSTEM NAME: PUBLIC SYSTEM NUMBER:		NUMBER:	11. SCREEN:
			Type: Diam.:
4. ABANDONMENT: □ Yes □ No			Slot/Gauge: Length:
Give Details Below			Set Between: ft. and ft. NOTE: MULTIPLE SCREENS
Grouted Depth: from		ft.	ft. and ft. USE SECOND SHEET Sieve Analysis □ Yes (please enclose) □ No
Formation Description	*Thickness		12. STATIC WATER LEVEL ft. below land surface after 24 hours
			13. PUMPING LEVEL Below Land Surface ft. after hrs. Pumping G.P.M.
			Pumping Test: Ves (please enclose) No
			Yield:
			14. WATER QUALITY
			Chemical Analysis Yes No Bacterial Analysis Yes No
			Please enclose lab results.
			15. ARTIFICIAL FILTER (filter pack) Yes No
			Installed from ft. to ft.
			Effective size Uniformity Coefficient
			16. WELL GROUTED? Yes No
			□ Neat Cement □ Bentonite □ Bentonite/Cement □ Other
			Depth: From ft. to ft.
			17. NEAREST SOURCE OF POSSIBLE CONTAMINATION: ft direction
			Well Disinfected I Yes I No Type: Amount:
			18. PUMP: Date installed: Not installed
			Mfr. Name: Model No.: H.P Volts Length of drop pipe ft. Capacity gpm
			TYPE: \Box Submersible \Box Jet (shallow) \Box Turbine
			☐ Jet (deep) ☐ Reciprocating ☐ Centrifugal
			19. WELL DRILLER: CERT. NO.:
			Address: (Print) Level: A B C D (circle one)
*Indicate Water Bearing Zones			
(Use a 2nd sheet if needed)	se a 2nd sheet if needed)		20. WATER WELL DRILLER'S CERTIFICATION: This well was drilled under my direction and this report is true to the best of my knowledge and belief.
5. REMARKS:	, , , , , , , , , , , , , , , , , , , ,		my anoution and this report is true to the best of my knowledge and belief.
			Signed: Date:
			Well Driller
6. TYPE: Mud Rotary Dug Air Rotary Driven			If D Level Driller, provide supervising driller's name:
□ Dug □ Air Rotary □ Driven □ Cable tool □ Other			

INSTRUCTIONS

Water Well Record

This form is to be completed by an SC Certified Water Well Driller within thirty days of completion of the well. One copy is to be submitted to SCDHEC, another is intended for the well owner, and the final copy is for the well driller. In most cases, well location, owner, driller and other administrative information can be obtained from the Notice of Intent form. If additional comments are necessary, attach those on a separate sheet.

- 1. Include the name and present mailing address and telephone number of the well owner. This can be a tract owner or developer in the case of a new subdivision.
- Indicate the exact number, street, city, zip, and county for the location of the well. If the street address is not available, attach a sketch map for general location and include lot number if it is in a new subdivision. "Same as 1" can be indicated if that is the case.
- 3. For public water supply, indicate system name and number.
- 4. Check appropriate box; for abandoned well, note grout depths. For the driller's log, describe the formation, indicate the thickness and complete the depth to the bottom of the stratum.
- 5. Insert any comments.
- 6. Check the box indicating the drilling method.
- 7. Insert the eight-digit number assigned when the Notice of Intent was submitted for a residential or irrigation well. This space can also be used for the SCDHEC site identification number.
- 8. Check box indicating use.
- 9. Indicate the total depth in the space provided; fill in the requested dates.
- 10. Check appropriate boxes and complete the information requested for the casing.
- 11. Complete the information requested for the screen; check the appropriate box.
- 12. Measure the static water level 24 hours after well completion and provide the measurement in the space.
- 13. Provide pumping level, time, and rates in the appropriate spaces.
- 14. Indicate whether these analyses were run.
- 15. Provide the requested information on filter pack.
- 16. Check the appropriate boxes and provide the type and depth of the grout.
- 17. Complete the requested information concerning the nearest source of possible contamination.
- 18. If installed, provide the information requested concerning the pump.
- 19. Print name, SC certification number, address and business or mobile (or both) telephone number and fax number for the well driller.
- 20. The well driller installing the well signs and dates the form. If the driller is Level D, provide the supervising drillers name.

The completed Form 1903 should be submitted to the SCDHEC, Bureau of Water, Private Well Program, 2600 Bull Street, Columbia, SC 29201-1708.