New Jersey Department of Environmental Protection Division of Water Quality MONITORING WELL CERTIFICATION FORM A - AS-BUILT		Date Starra
CERTIFICATION		Date Stamp (For Department use only)
SECTION A. SITE NAME AND LOCATION		
Site Name:		
List all AKAs:		
Street Address:		
County:		
Program Interest (PI) Number(s):		
SECTION B. WELL OWNER AND LOCATION		
1. Name of Well Owner		
2. Well Location (Street Address)		
3. Well Location (Municipal Block and Lot) Block#	Lot #	
SECTION C. WELL LOCATION SPECIFICS		
1. Well Permit Number (This number must be permanently affixed to the well casing):		
2. Site Well Number as shown on application or plans):		
3. Well Completion Date:		
4. Distance from Top of Casing (cap off) to ground surface (nearest 0.01'):		
5. Total Depth of Well to the nearest ½ foot:		
6. Depth to Top of Screen (or top of open hole) from top of casing (nearest 0.01'):		
7. Screen Length (or length of open hole) in feet:		
8. Screen or Slot Size:		
9. Screen or Slot Material:		
10. Casing Material (PVC, steel, or other – specify):		
11. Casing Diameter (inches):		
12. Static Water Level from top of casing at the time of installation (nearest 0.01'):		
13. Yield (gallons per minute):		
14. Development Techinque (specify):		
15. Length of Time well is developed/pumped or bailed (hours and minutes):		