



**MONITORING WELL CERTIFICATION FORM A - AS-BUILT
CERTIFICATION**

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____ Case Tracking 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 1/2 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 Technique (specify): _____

15. Length of Time well is developed/pumped or bailed (hours and minutes): _____