



# Delaware County Health Department Well Completion Form

Permit Application # \_\_\_\_\_ Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Site Address \_\_\_\_\_

Municipality \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

UPI \_\_\_\_\_ Lot # \_\_\_\_\_ Geothermal Borehole # \_\_\_\_\_

Well Use \_\_\_\_\_ Type of Construction \_\_\_\_\_

**WELL INFORMATION**

Date Drilled \_\_\_\_\_ # of bags of grout \_\_\_\_\_ Type of Grout \_\_\_\_\_

Well Depth \_\_\_\_\_ Pump Depth \_\_\_\_\_ Distance to house/Structure \_\_\_\_\_ ft.

Casing Depth \_\_\_\_\_ Date Installed \_\_\_\_\_ Nearest Septic Tank \_\_\_\_\_ ft.

Static Water Level \_\_\_\_\_ HP \_\_\_\_\_ Nearest Absorption Area \_\_\_\_\_ ft.  
(measured from grade)

Well Diameter \_\_\_\_\_ Pump Model \_\_\_\_\_

Yield (GPM) \_\_\_\_\_

**MINIMUM YIELD/STORAGE CAPACITY**

\_\_\_\_\_ Well Storage Capacity = (Pump depth – static water level) X (1.33 gal/ft)\*

\_\_\_\_\_ Tank Storage Capacity

\_\_\_\_\_ Total Storage Capacity

Well yield in gallons per minute \_\_\_\_\_ x 120 min + Total Storage = \_\_\_\_\_ - 480 = \_\_\_\_\_ gallons

If this number is > 0, the well is adequate

\*(For a six inch well with pump and delivery line displacement included)

**WELL DRILLER**

I, \_\_\_\_\_ hereby certify that the above referenced well was drilled in accordance with all Delaware County Health Department Regulations, Chapter 500, §501.

Were wells drilled in permitted locations? If no, As-built must be attached \_\_\_\_\_

\_\_\_\_\_  
(Well driller's signature) DCHD License # \_\_\_\_\_ Date \_\_\_\_\_

**PUMP INSTALLER**

I, \_\_\_\_\_ hereby certify that the above referenced pump was installed in accordance with all Delaware County Health Department Regulations, Chapter 500, §501.

\_\_\_\_\_  
(Pump installer's signature) DCHD License # \_\_\_\_\_ Date \_\_\_\_\_