

**DRILLED WELL MODIFICATION COMPLETION REPORT**  
**Complete and return within 30 days of completion**

Property Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Licensed Water Well Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Reason: ( ) Well in Pit ( ) Buried Well Seal ( ) Other (describe): \_\_\_\_\_

Existing Casing consists of: ( ) PVC casing thickness: \_\_\_\_\_" ( ) Steel casing thickness: \_\_\_\_\_"

Describe Condition: \_\_\_\_\_

Casing Diameter: \_\_\_\_\_" Casing Depth from ground level (if known): \_\_\_\_\_' Total Depth from ground level: \_\_\_\_\_'

Extension consists of: ( ) PVC SDR: \_\_\_\_\_ Diameter: \_\_\_\_\_" ( ) Steel ASTM: \_\_\_\_\_ Diameter: \_\_\_\_\_"

Attached how: ( ) Threaded ( ) Welded ( ) Glue ( ) Compression: make/model<sup>1</sup> \_\_\_\_\_

Describe assembly: \_\_\_\_\_

Length of extension: \_\_\_\_\_" Length of extension above finished grade: \_\_\_\_\_" (minimum 8")

\*Before backfilling send picture of assembled extension to: [eh@whitesidehealth.org](mailto:eh@whitesidehealth.org)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the condition of the existing well casing was found suitable for preserving the well.

\_\_\_\_\_  
Licensed Water Well Contractor

\_\_\_\_\_  
Date

**Attach Installation Report for Water Well Pump**

<sup>1</sup>Approved compression (pressurized Kwikonect) pitless units: Baker model 2PS45PBWEOCO, Baker mdoel 6PS67PBWEOCO