Montana Department of ENVIRONMENTAL QUALITY

# GROUNDWATER MONITORING WELL INFORMATION FORM

| Facility Name: | License No.: | Date: | Completed By: *(Name and Company)* |
|---|---|---|---|
| | | | |

| Well Name | GWIC ID No. | Well Location | North | South | East | West | Date Established | Well Casing | | Elevations | | Reference | | Screen Length | Well Depth | Type of Well | | | | | | | Gradient *U, S, D, or N* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Diameter | Type | TOC | Ground Surface | MSL (√) | Site Datum (√) | | | Piez | OW | PW | CA | Other | Abd. | Enf Stds Apply | |
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| Location Coordinate Origin: | Remarks: | *Department Use Only* |
|---|---|---|
| | | *File Maint. Completed:* _____ |
| | | *Other:* _____ |