



GROUNDWATER MONITORING WELL INFORMATION FORM

Facility Name:	License No.:	Date:	Completed By: <i>(Name and Company)</i>
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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	

Location Coordinate Origin:	Remarks:	<i>Department Use Only</i>
		<i>File Maint. Completed:</i> _____
		<i>Other:</i> _____