



Well Report Change Form

IMPORTANT: GET AS MUCH INFORMATION AS POSSIBLE. THIS FORM WILL BE USED TO FIND THE WELL REPORT. ALL REQUIRED FIELDS MUST BE FILLED IN. USE INK PEN ONLY WHEN FILLING OUT THIS FORM.

(REQUIRED) This Well Report has been changed on (Date) 4 19 02

(Required) Person Requesting Change _____

(Required) Contact Phone No (_____) _____

(REQUIRED) Not in NITS NITS Log ID# _____

Regional Office: CRO ERO NWRO SWRO

Well Type: Water Well Resource Protection Well

Notice of Intent #: _____ Unique Ecy Well ID Tag No: _____

(Required) Original Owner Name: _____

Well Street Address: _____

City: _____ County: _____ Zip Code: _____

Geographic Location:

(Required) _____ 1/4 of the _____ 1/4 Section _____ Township _____ Range _____ EWM or (circle one) WWM

(Optional) Lat Degrees _____ Lat Time _____ Horizontal collection method code _____

Long Degrees _____ Long Time _____

Tax Parcel No (include all zeros and dashes): _____

Type of Work: New Well Reconditioned Deepened

Well Report Recvd Date: ____/____/____ Well Completed Date: ____/____/____

Well Diameter (in): _____ Well Depth (ft): _____ Other: _____

Driller License No: _____ Trainee License No: _____

Other (Specify): _____

(Required) Reason for Change Internal correction - not changing the image.

(Required) Tracker Signature: EG