



Town of Greenwich
Department of Health
Division of Environmental Services

Geothermal Well Completion Report

Contractor Information

Name: _____

Type of Work Performed:

Address: _____

Registration Number: _____

Location Information:

Address: _____

Parcel ID#: _____

Owner Name: _____

Owner Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____

Borehole Specifications:

First Borehole Date Drilled: _____

Geologic materials penetrated with thickness:

Number Drilled: _____

Diameter (in.): _____

Depth (ft): _____

Spacing (ft): _____

Average Depth of Bedrock (ft): _____

Amount and Type of casing: _____

Last Borehole Date Drilled: _____

Static Water Levels: _____

Loop Field Installation

Installer Name: _____

Lb per Bag: _____

Registration #: _____

Cubic Feet Grout for each Borehole: _____

Number of loops Installed: _____

Depth Closed Loop (ft): _____

Date Last Loop Installed: _____

Type of Grout Used: _____

Average Number of Bags to Grout Each Loop: _____

Date Last Borehole Grouted: _____

Heat Transfer Fluid Used: _____

Volume used: _____

- Install Detectable Underground Tape above Borehole
- Diagram attached of final borehole location(s) showing existing structures, septic systems and water supply wells.

Well Driller Signature: _____

Date: _____

5/07

