



Facility Name: _____ UST Registration No.: _____ LUST No.: _____

Well Contractor Name: _____ Drilling Method**: _____

Well Contractor Registration Number: _____ Boring Depth (ft) x Diameter (in): _____

Logged by: _____ Ground Surface Elevation (ASL): _____

Start Date: _____ Finish Date: _____ Top of Casing Elevation (ASL): _____

05/2025 cmc