

WELL COMPLETION REPORT

WELL NO. RC35-03 LOCAL ID: _____
 WELL NAME: DELTA, DELTA 65
 INSTALLATION DATE: 4-3-85
 PURPOSE: PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 MONITOR DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) _____

IS THIS A REPLACEMENT WELL? YES NO
 ABANDONMENT DATE FOR OLD WELL: N/A
 ABANDONMENT METHOD: N/A

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED: 80

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	0'			
CASING BOTTOM	75'			
CASING DIAMETER	2"			
CASING MATERIAL	SCH 40 PVC			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	75'			
SCREEN BOTTOM	80'			
SCREEN DIAMETER	2"			
SCREEN MATERIAL	SCH 40 PVC			

WRITTEN APPROVAL FOR SCREENING/ GRAVEL PACKING MORE THAN ONE AQUICLUDER MUST BE OBTAINED FROM DNR/EC

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 3 TO 30 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS TYPE: WELL CUTTINGS FROM 20 TO 73 FEET
 GRAVEL PACK TYPE: MORIE 1 + 2 FROM 73 TO 80 FEET
 STATIC WATER LEVEL DATE: 4-3-85
6 FT (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL: 9 FT BELOW GRADE
 AFTER 1 HOURS AT 60 GPM

WELL HEAD COMPLETION:

PITLESS ADAPTOR
 CASING
12 INCHES ABOVE GRADE

TYPE OF PERMANENT PUMP INSTALLED

PUMP MANUFACTURER: _____
 RATED CAPACITY (GPM): _____
 PUMP INTAKE SETTING: _____ FT BELOW GRADE
 N/A

THE COMPLETED WELL IS?

	YES	NO
A AT LEAST 5' FROM ANY OVERHANG	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B AT LEAST 50' FROM ANY SEPTIC TANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C AT LEAST 10' FROM TOWN SEWER LINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	<input checked="" type="checkbox"/>	<input type="checkbox"/>

THE NEAREST NEIGHBORS (CIRCLE ONE)

TILE FIELD CESSPOOL OR PRIVY
 IS 100' FROM COMPLETED WELL
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS: _____

RECEIVED

APR 18 1985

WATER SUPPLY

RC35-03 DEL

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
topsoil	0	1
brn and med	1	4
brn and gray cly	4	10
brn cly	10	14
red med fm	14	22
lt brn and med	22	35
brn and med	35	65
brn and med coarse	65	80

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

PAGE NO. 1 PAGES
 COMPANY NAME: LARSON WELLS, INC
 SIGNATURE OF DRILLER IN CHARGE: James Driffler DATE: 4-16-85