

WELL COMPLETION REPORT

1. Permit Number: 35116 Type _____
 Owner of Well: Paul J. Fisher Pitless Adapter _____
 _____ inches above grade

2. Test Well _____
 Observation Well _____
 Production Well ✓
 Well Abandoned? Yes _____ No _____

3. Total Well Depth 23 feet
 Date Completed _____

4. Grout: Type _____ feet to _____ feet
 from _____ feet to _____ feet
 from _____

5. Casing: Type galv feet
 inches to 25 feet
 inches to _____ feet
 Drive Shoe? Yes ✓ No _____

6. Screen Setting: _____ feet to 23 feet

7. Gravel Packed? Yes _____ No ✓
 _____ feet to _____ feet

8. Well Head Completion:
 _____ Type _____
 _____ inches above grade

9. Static Water Level:
 _____ feet below grade
6 feet above grade

10. Pumping Water Level:
 _____ feet below grade after _____ GPM
22 hours at 45 GPM

11. Permanent Pump Installed?
 Yes _____ No _____
 a. Shallow Well _____ Rotary _____
 Deep Well _____ Jet _____
 b. Reciprocating _____
 Centrifugal _____
 Submersible _____ GPM _____
 c. Capacity _____
 12. Well Number _____
 (Leave Blank)

13. Well Log	Thickness of Stratum	Depth to Bottom of Stratum
	0	16
top soil sand	16	28
clay	28	33
sand	33	54
clay	54	73
sand water		