

Qg 311-210

WELL COMPLETION REPORT

1. Permit Number: 38894
Owner of Well: Bob Mills

8. Well Head Completion: Yes Pitless Adapter Baker Typ _____ inches above grade

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

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

3. Total Well Depth 34 feet
Date Completed _____

10. Pumping Water Level: _____ feet below grade after
2 hours at 60 GPM

4. Grout: Type NONE
from _____ feet to _____ feet
from _____ feet to _____ feet

11. Permanent Pump Installed?
Yes _____ No
a. Shallow Well _____
Deep Well _____
b. Reciprocating _____ Rotary _____
Centrifugal _____ Jet _____
Submersible _____
c. Capacity _____ GPM

5. Casing: Type DUPLEX
6 inches to 34 feet
_____ inches to _____ feet
Drive Shoe? Yes _____ No

12. Well Number _____
(Leave Blank)

6. Screen Setting: 29 feet to 34 feet

7. Gravel Packed? Yes No _____
29 feet to 34 feet

Formation	Thickness of Stratum	Depth to Bottom of Stratum
Dark brown sand	5'	5'
white clay	10'	15'
fine gray sand	5'	20'
coarse white sand	14'	34'

Signature of Water Well Contractor _____

Date _____