

WATER RESOURCES COMMISSION

1. Name of Well: Super Deep, Inc.
 Owner of Well: _____
 Date of Installation: _____
2. Test Well: _____
 Observation Well _____
 Production Well _____
 Well Completed? Yes No
3. Total Well Depth: _____ feet
 Date Completed: _____
4. Grout Type: _____
 Iron _____ feet to _____
 from _____ feet to _____
5. Casing Type: _____
 _____ inches to _____ feet
 _____ to _____ feet
 Drive S.S. or Yes No
6. Screen Setting: _____ feet to _____
7. Gravel Screen: _____ feet to _____ feet

R615-03

yellow sand	0	5
brn sandy clay	5	14
brn + gray clay	14	16
gray clay	16	25
gray sand fine	25	35
wh sand med.	35	60
brn sand med.	60	80
brn sand med-coarse	80	98