

NO. 10407 LOCAL ID 101

NAME Moore Flow

INSTALLATION DATE 3-5-86
 TEST PERMANENT

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

IS A REPLACEMENT WELL? YES NO
 INSTALLMENT DATE FOR OLD WELL _____
 INSTALLMENT METHOD _____

DRILLING METHOD
 BORED CABLE TOOL
 JETTED AIR ROTARY
 REVERSE WASHED
 OTHER (Specify) _____
 DEPTH DRILLED 85

CASING SEQUENCE

	INNER	OUTER
3 TOP	71	
3 BOTTOM	20	
3 METER	13	
3 MATERIAL	PC	

SCREEN SEQUENCE

	INNER	OUTER
3 TOP	20	
3 BOTTOM	85	
3 DIAMETER	13	
3 MATERIAL	PC	

WRITTEN APPROVAL FOR SCREENING/ GRAVEL PACKING MORE THAN ONE AQUIFER MUST BE OBTAINED FROM DNREC.

TYPE: CEMENT BENTONITE CLAY
3 TO 20 FEET
 ROUGH CASING OF WELL ANNULUS FROM None TO _____ FEET
 PACK: TYPE _____
20 TO 85 FEET
 WATER LEVEL: DATE 3-5-86
 FT. (Below, above) GROUND SURFACE
 GROUND WATER LEVEL: 30 FT. BELOW GRADE
3 HOURS AT 100 GPM.

HEAD COMPLETION:
 PRESS ADAPTOR

 INCHES ABOVE GRADE.

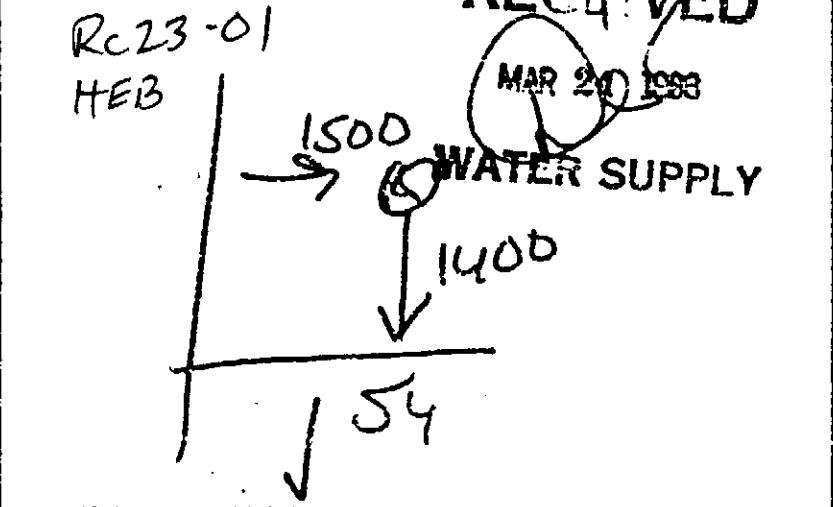
TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____
 RATED CAPACITY (GPM) _____
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

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

THE NEAREST NEIGHBORS (CIRCLE ONE)
 SEPTIC TILE FIELD CESSPOOL OR PRIVATE
 IS _____ FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Topsoil	01	
White Clay	1	3
Fine Med White Sand	3	12
Coarse White Sand	12	18
Coarse Tan Sand	18	45
White Sand Fine	45	50
Coarse Light Tan Sand	50	59
Coarse Gravel	59	60
Coarse White Sand	60	75
Coarse Tan Sand	75	83
Hard Green Sandstone	83-85	

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF _____ PAGES
 COMPANY NAME Defect Well Driller
 SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____