

WELL COMPLETION REPORT

TELETYPE PRINT

ERMIT NO. 99357 LOCAL ID X

OWNER MOORE BROS. PARTNERSHIP

CONSTRUCTION DATE 4-23-94
PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION 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 99'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>+1</u>	
CASING BOTTOM	<u>89'</u>	
CASING DIAMETER	<u>2"</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>89'</u>	
SCREEN BOTTOM	<u>99'</u>	
SCREEN DIAMETER	<u>2"</u>	
SCREEN MATERIAL	<u>PVC</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY
OTHER: N/A
FROM 0 TO 80 FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE N/A FROM _____ TO _____ FEET
GRAVEL PACK: TYPE MORIE BLEND 1+2
FROM 80 TO 99 FEET
STATIC WATER LEVEL: DATE 4-23-94
8 FT. (below, above) GROUND SURFACE
PUMPING WATER LEVEL: 18 FT. BELOW GRADE
AFTER 2 HOURS AT 60 GPM.

WELL HEAD COMPLETION:

PITLESS ADAPTOR
COVER PVC TEE
12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

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

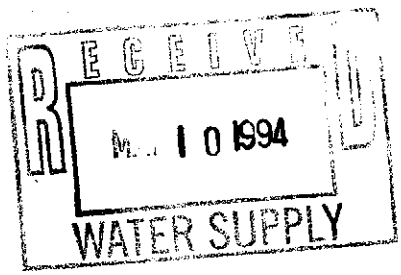
THE COMPLETED WELL IS?

	YES	NO
A. AT LEAST 15' FROM ANY FOUNDATION	<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)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
IS 160' FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Rc23-04 Alt 46'



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>TOP SOIL</u>	<u>0</u>	<u>1</u>
<u>BRN CLY & FINEs</u>	<u>1</u>	<u>12</u>
<u>TO MED BRN SND</u>	<u>12</u>	<u>38</u>
<u>FN TO MED BRN SND</u>	<u>38</u>	<u>40</u>
<u>IRON ORE</u>	<u>40</u>	<u>73</u>
<u>FN to CRSE BRN SND</u>	<u>73</u>	<u>75</u>
<u>IRON ORE</u>	<u>75</u>	<u>99</u>
<u>FN to CRSE Tot</u>		
<u>TAN SAND</u>	<u>75</u>	<u>99</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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COMPANY NAME Athletic Well
SIGNATURE OF DRILLER IN CHARGE: _____ DATE 4/27/94