

1. Well Name: HOME MEDICAL

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

3. Total Well Depth 44 feet
Date Completed 9-12-77

4. Grout: Type BENT.
from 3 feet to 20 feet
from _____ feet to _____ feet

5. Casing: Type ~~SP~~ PVC
3 inches to 44 feet
_____ inches to _____ feet
Drive Shoe? Yes _____ No

6. Screen Setting:
38 feet to 44 feet

7. Gravel Packed? Yes No _____
37 feet to 44 feet

8. Well Head Protection:
Filter Adapter _____
12 inches above grade

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

10. Pumping Water Level:
1.5 feet below grade after
4 hours at 30 GPM

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

12. Well Number _____
(Leave Blank)

Rd 34-01

Formation	Thickness of Stratum	Depth to Bottom of Stratum
TOPSOIL	0	2
TAN CLAY	2	12
TAN SAND	12	44

Signature of Water Well Contractor: [Signature]

Date: 9-1-77