

WELL AND PUMP DATA

Location of Well: **MARY LAKE SUBDIVISION LOT 69**

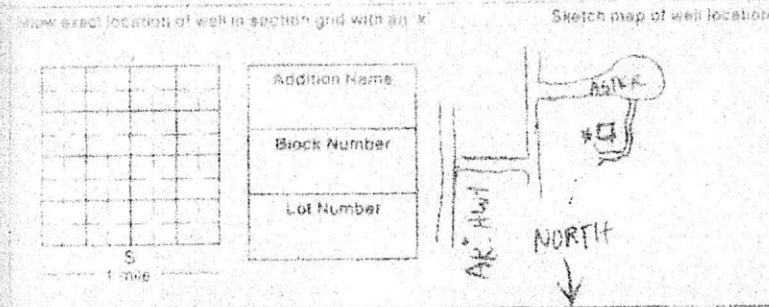
County: _____ Township Number: _____ Range Number: _____ Section No.: _____ Fraction: _____

City or Village: _____

Street Address and City or Distance and Direction from Road Intersections: _____

Property owner's name and address: _____

**69 ASTER PLACE
WHITEHORSE VT**



Well depth: **175'** Datum point from which all measurements are taken: **GROUND**

Method of Drilling:
 Labor tool
 Direct rotary
 Reverse rotary
 Jetted
 Driven
 Bucket stage
 Flight auger

Remarks, Elevation, Source of Data, etc: _____

Use:
 Domestic
 Irrigation
 Test Well
 Fabric supply
 Municipal
 Heating/cooling
 Industrial
 Commercial
 Municipal

Casing Type:
 Steel
 Galv.
 PVC
 SS
 Threaded
 Welded
 Solvent
 Acided
 Height above surface
 Surface
 Drive shoe
 Yes
 No
 CPEA

Hole diameter:
 in. to _____
 in. to _____
 in. to _____

Borehole data:

Formation Log	Color	Hardness	From	To
TH, COBBLES, CLAY	LITE BRN		0	42
CLAY	GREY		42	44
GRAVEL - DRY			44	49
SAND	LITE BRN		49	54
CLAY	GREY		54	55
SAND	LITE BRN		55	63
CLAY	GREY		63	64
SAND	LITE BRN		64	93
SILT/SAND HEAVING			93	156
SAND/SILT			156	171
SAND + GRAVEL			171	175

OPEN CASING ENDS AT 175'

Intake Portion of Well:
 Screen type: _____ of open hole bore: **175'** to **175'**

Manufacturer: _____
 Material: _____
 Fittings: _____
 Sol between: _____
 Method of installation: _____

Filter Pack:
 Source: _____
 Method of installation: _____
 Volume used: _____

Grout:
 Used
 Yes
 No
 Volume used: _____
 Requisite: _____

Method of installation:
 Depth from _____ to _____
 Depth from _____ to _____

Development:
 Method: **AIR SURGE**
 Date: _____
 Chemicals used: _____

Static Water Level:
180'
 Date measured: _____

Pumping Water Level:
 Date: _____
 Rate: _____ gpm

Specific Capacity: **5 ± APPROX.**
 Date: _____

Pump:
 Date installed: _____
 Manufacturer: _____
 Model: _____
 HP: _____ Volts: _____ Capacity: _____
 Depth of pump intake setting: _____ No. of stages: _____
 Material of pump pipe: _____
 Material of drop pipe: _____
 Column pipe dia: _____ Length: _____ Modifications: _____

Well Head Completion:
 Fitness adaptor
 Basement offset
 Distance above grade: _____

Nearest Sources of Possible Contamination:
 Direction: _____ Type: _____

Well disinfected upon completion? Yes No

Geophysical Logs Run: _____

Contractor Name and Address: _____

Name of Driller: _____
 State License Number: _____

Water Quality:
 Sample taken? Yes No
 Where analyzed: _____

Date well completed: **July 1992**

TH
 Zone: 8
 UTM N: 6717826
 UTM E: 504221