

Site identification Property Owner <u>City of Milford</u> Well Number <u>Hole #1</u> Address _____ Tenant <u>None</u> Well Depth <u>592</u> ft Date completed <u>4/13/04</u>					Drill method ☐ rotary ☐ auger ☐ cable ☐ other _____ Hole size _____ inch from <u>0</u> ft to _____ ft _____ inch from _____ ft to _____ ft _____ inch from _____ ft to _____ ft																																																																																																										
Location County <u>Dickinson</u> _____ mi. N and _____ mi. E of intersection of _____ and _____ _____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec _____ TWP _____ RNG _____ E _____ W Show exact location of well in section grid with a dot (•). Sketch map of well location on property.					Record all depth measurements from ground level (GL). Use (+) for above GL measurements. Casing Drive shoe (yes / no) Pitless adapter (yes / no) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Size (ID/OD)</th> <th>Type / Wt</th> <th>Depth top</th> <th>Depth bottom</th> <th>Amount (length)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)																																																																																																	
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Well use ☐ Domestic ☐ Municipal ☐ Commercial ☐ Livestock ☐ Public supply ☐ Monitoring ☐ Test well ☐ Irrigation ☐ Other: _____ (explain)					Well developed? (yes / no) Explain _____ (pumped, airlifted, bailed) for _____ hrs at _____ GPM.																																																																																																										
Water information Aquifer: ☐ sand / gravel ☐ limestone ☐ sandstone Main water-supply zone from _____ ft to _____ ft ☐ seepage well Static water level _____ ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimate Pumping water level _____ ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimate At yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate Measurements taken at _____: _____ (AM / PM) Date _____ / _____ / _____					Pump installed? (yes / no) Date _____ / _____ / _____ Installer's name _____ Type of pump _____ Depth to intake _____ ft Pump diameter _____ Rated capacity _____ GPM																																																																																																										
Water quality test? (yes / no) Date tested _____ / _____ / _____ Tested by _____					Contractor _____ Address _____ Driller _____ Certification no. _____																																																																																																										

Site identification

Property Owner City of Milford Well Number Test Hole #1

Address _____

Tenant _____

Well Depth 592 ft Date completed 4/13/04

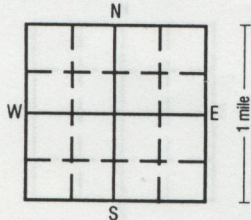
Location

County Dickinson

_____ mi. N and _____ mi. E of intersection of _____ and _____
S W

_____ 1/4 of the _____ 1/4 of the _____ 1/4 of Sec _____ TWP _____ RNG _____ E W

Show exact location of well in section grid with a dot (•). Sketch map of well location on property.



☐ upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
282	284	White		Sandy Shale
284	327	Whitish Yellow		Sandy Shale
327	330	White		Sandstone no water loss
330	340	"		Sandstone 3/4 Head
340	350	"		Sandstone 3/4 Head
350	360			Sandstone 1 Head
360	370			Sandstone 3/4 Head
370	380			Sandstone 3/4 Head
380	390			Sandstone 3/4 Head
390	400			Sandstone 1 Head +
400	402			Sandstone
402	410			Mixed Color Shale
410	420			Sandstone 1 Head
420	430			Sandstone Little Shale 3/4 Head
430	440			Sandstone 3/4 Head
440	450			Sandstone 1 Head
450	460			Sandstone 1/2 Head
460	470			Sandstone Little Shale 3/4 Head

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

- ☐ Domestic ☐ Municipal ☐ Commercial
☐ Livestock ☐ Public supply ☐ Monitoring
☐ Test well ☐ Irrigation ☐ Other _____ (explain)

Drill method

☐ rotary ☐ auger ☐ cable other _____

Hole size

_____ inch from _____ ft to _____ ft
_____ inch from _____ ft to _____ ft

hole size continued

_____ inch from _____ ft to _____ ft
_____ inch from _____ ft to _____ ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing

Drive shoe (yes/no)

Pitless adapter (yes/no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)

Perforated or slotted casing? (yes/no)

Perforated / slotted from _____ ft to _____ ft

Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no)

Placement method _____

Type	Depth Top	Depth bottom	Amount (vol/wt)

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
	0. _____				
	0. _____				

Bottom capped (yes/no) with _____

Seals / Packers (yes/no) kind _____ depth _____ ft

Gravel packed (yes/no) from _____ ft to _____ ft

type _____ amount _____

Well developed? (yes/no)

Explain _____

(pumped, airlifted, bailed) for _____ hrs at _____ GPM.

Pump installed? (yes/no)

Date ____ / ____ / ____

Installer's name _____

Type of pump _____ Depth to intake _____ ft

Pump diameter _____ Rated capacity _____ GPM

Water information

Aquifer: ☐ sand / gravel ☐ limestone ☐ sandstone

Main water-supply zone from _____ ft to _____ ft ☐ seepage well

Static water level _____ ft (below / above) GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

Pumping water level _____ ft below GL; ☐ tape ☐ airline ☐ E-line ☐ estimate

At yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate

Measurements taken at _____: _____ (AM / PM) Date ____ / ____ / ____

Water quality test? (yes/no)

Date tested ____ / ____ / ____

Tested by _____

Contractor _____

Address _____

Driller _____ Certification no. _____

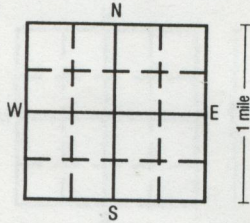
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Location

County Dickinson

____ mi. ^N and ____ mi. ^E of intersection of _____ and _____
____ 1/4 of the ____ 1/4 of the ____ 1/4 of Sec ____ TWP ____ RNG ____ E
Show exact location of well in section grid with a dot (●). Sketch map of well location on property.



☐ upland ☐ hillside ☐ valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
470	480			Sandstone 3/4 Head
480	490			Sandstone 1/2 Head
490	500			Sandstone 1/4 Head
500	510			Sandstone little Shale 1/2 Head
510	517			Shale
517	520			Sandstone
520	530			Sandstone 1 Head
530	538			Sandstone 1 Head
538	543			Shale
543	550			Sandstone 1 Head
550	560			Sandstone 1/2 Head
560	570			Sandstone 1 Head
570	580			Sandstone 1 1/2 Head
580	592			Shale a few Sand Strips
use additional sheets as needed				

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

- ☐ Domestic ☐ Municipal ☐ Commercial
☐ Livestock ☐ Public supply ☐ Monitoring
☐ Test well ☐ Irrigation ☐ Other _____

(explain)

Drill method

☐ rotary ☐ auger ☐ cable other _____

Hole size

____ inch from ____ ft to ____ ft hole size continued
____ inch from ____ ft to ____ ft
____ inch from ____ ft to ____ ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing

Drive shoe (yes / no)

Pitless adapter (yes / no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)

Perforated or slotted casing? (yes / no)

Perforated / slotted from ____ ft to ____ ft
Perforated / slotted from ____ ft to ____ ft

Casing grouted? (yes / no)

Placement method _____

Type Depth Top Depth bottom Amount (vol/wt)

Well screen? (yes / no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
	0. ____				
	0. ____				

Bottom capped (yes / no) with _____
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Gravel packed (yes / no) from _____ ft to _____ ft
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Well developed? (yes / no)

Explain _____
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Pump installed? (yes / no)

Date ____/____/____

Installer's name _____
Type of pump _____ Depth to intake _____ ft
Pump diameter _____ Rated capacity _____ GPM

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Main water-supply zone from ____ ft to ____ ft ☐ seepage well

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At yield of _____ GPM; ☐ orifice ☐ volumetric ☐ estimate

Measurements taken at ____ : ____ (AM / PM) Date ____/____/____

Water quality test? (yes / no)

Date tested ____/____/____

Tested by _____

Contractor _____

Address _____

Driller _____ Certification no. _____