

WELL DRILLER'S REPORT

1. WELL OWNER

2. WELL LOCATION

NORTH

1 Mile

3. PROPOSED USE

4. METHOD DRILLED

5. WATER QUALITY

6. WELL CONSTRUCTION

If other, specify_

Was well disinfected upon completion? ☐ Yes ☒ No

7. WATER LEVEL

If other, specify _____

8. WELL TEST DATA

_____ft. after_____hrs. pumping_____gpm

9. WELL LOG

[illegible]

(Use separate sheet if necessary.)

10. DATE COMPLETED 1-11-85

11. WAS WELL PLUGGED OR ABANDONED?

If so, how _____

12. REMARKS:

13. DRILLER'S CERTIFICATION

Signed by Robert S. Hancock Date 1-16-85