

WELL DRILLER'S REPORT

1. WELL OWNER

2. WELL LOCATION

3. PROPOSED USE

4. METHOD DRILLED

5. WATER QUALITY

6. WELL CONSTRUCTION

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 September 23, 1980

11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☒ No

If so, how _____

12. REMARKS:

13. DRILLER'S CERTIFICATION

RUMEN W. SCHERBENSKE
 Signed by *R. W. Scherbenske* Date *Sept 23, 1980*