WELL COMPLETION REPORT
FORM 0124
Rev. 11/90

WELL PERMIT NO. _____
SFWMD WATER USE PERMIT NO. _____

Owner	Address	City	State	Zip
SFWMD	SITE 1 DEER RUN RD	ST. CLOUD	FL	

Contractor's Signature	License No.	Completion Date	Casing Depth	Total Depth	Well #
[signature]	11031	12-17-99	20'	30'	1-STW

TYPE OF WORK: Construct (X) Repair ( ) Abandon ( )
WELL USE: Domestic Well ( ) Public ( ) Monitor (X) Test (X)
Irrigation ( ) Fire Well ( ) Other _____
METHOD: Rotary with MUD (X) or Air ( ), Cable Tool ( ), Jet ( )
Casing Driven ( ), Other _____
STATIC WATER LEVEL 4.5 Ft. below top of casing
PUMPING WATER LEVEL _____ Ft. after _____ Hrs. at _____ GPM
PUMP SIZE _____ H.P. CAPACITY _____ GPM
PUMP TYPE _____ INTAKE DEPTH _____
From top of ground

LOCATION
Located Near I-5 & I-D
County OSCEOLA

¼	¼	Section	Township	Range
		11	25S	31E

Latitude-Longitude

LOCATE IN SECTION

Cuttings sent to District? ( ) Yes
(X) No

Note: PWS Wells attach a site map if well location is different from site location on permit application.

Grout Thickness & Depth	Casing & Screen Diameter & Depth		Depth (ft) From	Depth (ft) To	DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes Give color, grain size, and type of material Note cavities, depth to producing zones.
3"	6"		0	30'	BR FINE SAND & clay
17'					
	20'	6"			
		30'			
Number of bags					

Casing: Black Steel ( ) Galv. ( ) PVC (X) Fiberglass ( )
Screen: Type SC. 40 Slot size .010
Screened from 20 (ft.) to 30 (ft.)
Type of grout with % additives PORTLAND & 5% BENTONITE
Water: Clear (X) Colored ( ) Sulphur ( ) Salty ( ) Iron ( )
Conductivity _____ Chlorides _____ mg/l