WELL COMPLETION REPORT	FORM 0124 Rev. 4/85		WELL PERMIT NO	
USGS USSASE Federal		Staart	FL	34991
Owner Address 2928	11/7/88	8 City /00'	State //	0' zip M - 1253
Contractor's Signature License No.	Completion Date	Casing Depth	Total C	Depth Well #
Driller's Name Registration No.		Grout Casing &	Denth (ft) E	ORILL CUTTINGS LOG examine cuttings every 20 ft. or at formation changes
TYPE OF WORK: Construct () Repair () Abandon (). WELL USE: Domestic Well () Public () Monitor () Test ()		Thick- Diameter ness & Depth & Depth	From To	Sive color, grain size, and ppe of material tote cavities, depth to producing zones.
Irrigation () Fire Well () Other		2 u 2 u		sand, akhrown-orange
METHOD: Rotary with MUD (1/) or Air (), Cable Tool (), Jet (Casing Driven (), Other			39 40 6	nay STIF link Shell Frag & silt
STATIC WATER LEVEL Ft. below top of casing PUMPING WATER LEVEL Ft. after Hrs. at	GPM	 (/ -	45 50 S	shell, ak andy sandstone ands true (hard!)
PLIMP SIZE H.P. CAPACITY GPM		90'	60 65 9	now to tan limestone (hard)
PUMP TYPEINTAKE DEPTHFrom top of ground		100' 2"	100 110 0	nay limestone shell
LOCATION Located Near COVE Rd at Good Sam House for Boys County Mantan		Number of bags Plug	0 20 0 0 0 0 0 0 0	mali s and, shell !liwestone stringu hosphatic Sand shell hell, Sandstone , green silt IK green phosph. Clay, shell
NESW 34 38 41 NESW 34 38 41 Z70720 801402 Latitude-Longitude		Casing: Black Ste Screen: Type	eel () Galv. () PVC (V)Fiberglass () size/2
Cuttings sent to District? (V) Yes () No LOCATE IN SE	CTION	Screened from Type of grout wit	_ <i></i>) to(ft.)
Note: PWS Wells attach a site map if well location is from site location on permit application.		Water: Clear ()	Colored () S	Sulphur()Salty()Iron() ridesmg/I