

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
HYDROLOGIC DATA SERVICES
STATION DESCRIPTION

(S-0716) Sylvan Lk Wells

Updated on: 11/12/2009

Description prepared by: R Breed

Station established on: 04/2009

Description of station: 4" PVC non-flowing ground water monitoring well

Hydron number: 30342852

History of Equipment: April 2009 quarterly manual water level readings. 07/28/2009 installed 105P Shaft Encoder, typical tape, weight, and float arrangement-recording hourly data through radio and modem using radio telemetry network with a CR1000 logger.

Manual WL Requirement:

Electric Tape:

Steel Tape & Chalk:

Ground water:

Aquifer code: SF

M.P. elevation: 47.62

M.P. location: Top of Shelter Floor

Depth of well: 20'

Depth of casing: 20'

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Description of station: 4" PVC non-flowing ground water monitoring well

Hydron number: 30342852

History of Location: 07//2008

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Manual WL Requirement:

Electric Tape:

Steel Tape & Chalk:

Ground water:

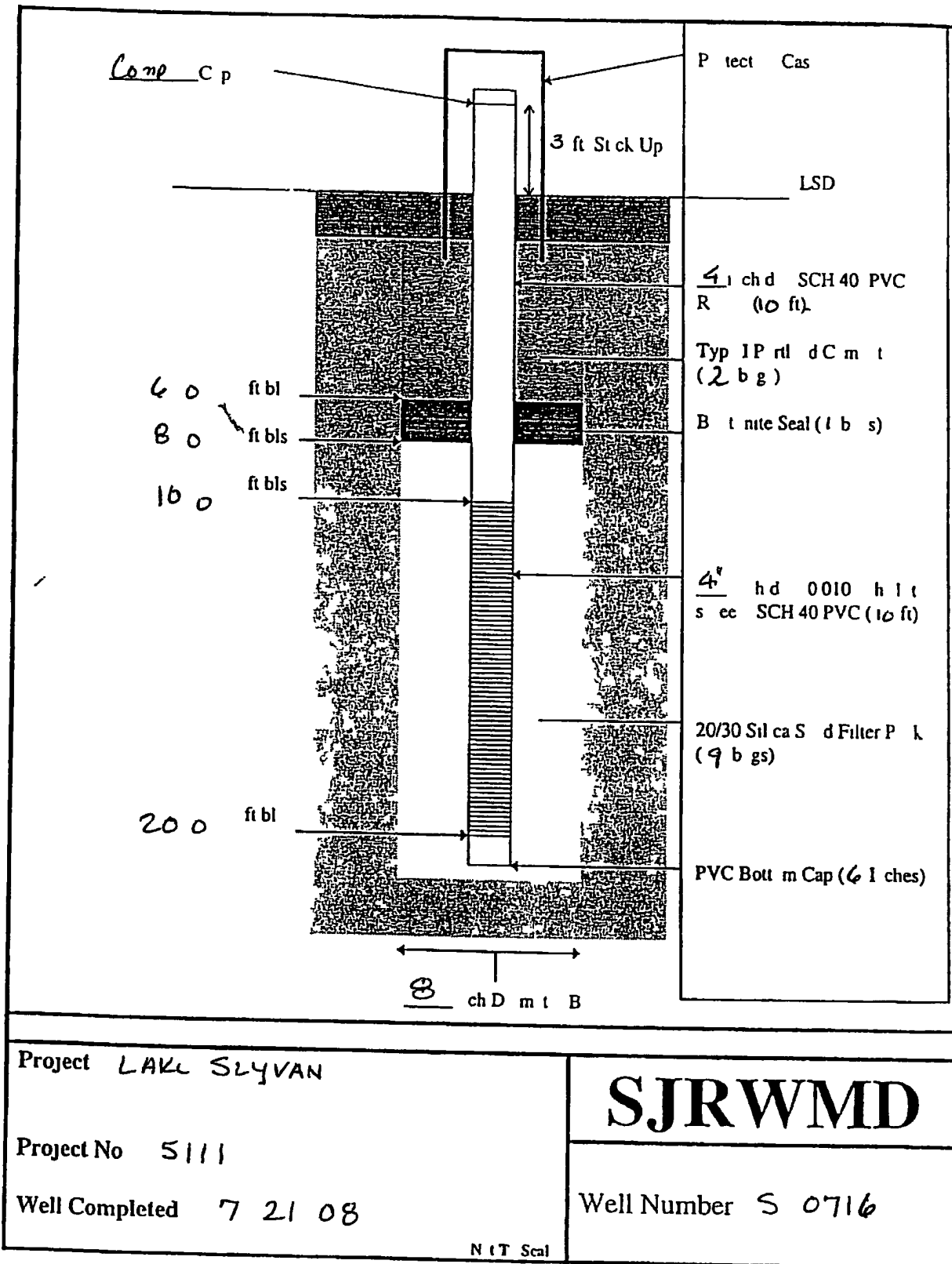
Aquifer code: SF

M.P. elevation: 500.00 Assumed

M.P. location: Top of 4" PVC Casing

Depth of well: 20'

Depth of casing: 20'



WELL COMPLETION REPORT (Please complete and ink type)

WELL # 50716 ^{2nd} _{well} # DID #
 permit i f m ltip l w l l d i c a t t h m b f w l l d r i l l e d
 d i c a t r e m a i l g w l l s t o b e c a n c e l l e d

WATER WELL CONTRACTOR S (All wells drilled need an individual completion report)

SIGNATURE [Signature] License # 2879
 I certify that the information provided this report is accurate and true

Material	Number of Bags	From (Ft)	To (Ft)
Leat Cement	2	00	60
Grout	1	60	80

WELL LOCATION Sit Add SYLVAN LAKE PARK (County) SCM
114 f 114 f S c t r o 26 Twp 195 Rg 29E
 titud 28480 L gitud 812302

DATE STAMP

Official Use Only

EM CAL ANALYSIS WHEN REQUIRED

_____ ppm S fa _____ ppm

rid _____ ppm

Lab Test [] Field Test KI

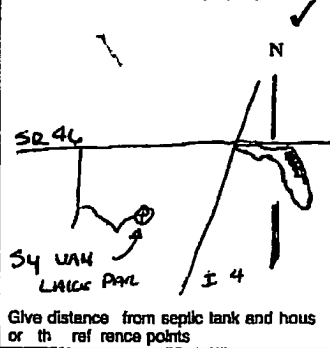
p Type

Centrifugal [] J [] Submer bl [] Turbi

sepow _____ Capacity _____ G.P.M _____

p Depth _____ Ft I take Depth _____ Ft

Sketch of well location on property



Give distance from septic tank and house or other reference points

OWNER'S NAME SJR WMD

COMPLETION DATE 72408 Fl rid U q ID _____

WELL USE DEP/P bl _____ I rig ti _____ D m ti _____ M ti X

HRS Lim ted _____ 62 524 _____ Oth _____

DRILL METHOD [X] R t ry [] Cabl T l [] C mb ti

[] J t [] A g Oth r _____

M a red Static W t Lev l 51 M asured P m p i g W t Level _____
 All _____ Hours t _____ G. M M as ring Pt. (Describe) _____
 Which is _____ Ft [] Above [X] Below La d Surface
 Casing [] Bl ck Steel [] Galv [X] PVC Oth _____

[] Open Hole [X] Scre	Depth (Ft)		DRILL CUTTINGS LOG Examin cuttings every 20 ft. at formal changes Note cavities, depth to producing zones Col Grain Siz Typ of M t r l
	From	To	
Casing Diameter & Depth (Ft)			
Diameter <u>4</u>	<u>00</u>		<u>LT Brown, LT GRN</u>
From <u>00</u>			<u>S L Y F n e S n d</u>
To <u>100</u>		<u>200</u>	
SCREEN			
Diameter <u>4"</u>			
From <u>10</u>			
To <u>200</u>			
Liner []			
Casing []			
Diameter _____			
From _____			
To _____			

Driller Name

(print or type)

KEVIN REFFUSE