

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

(S-0718) 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: 30342858

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: FA

M.P. elevation: 47.53

M.P. location: Top of Shelter Floor

Depth of well: 210'

Depth of casing: 110'

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Steel Tape & Chalk:

Ground water:

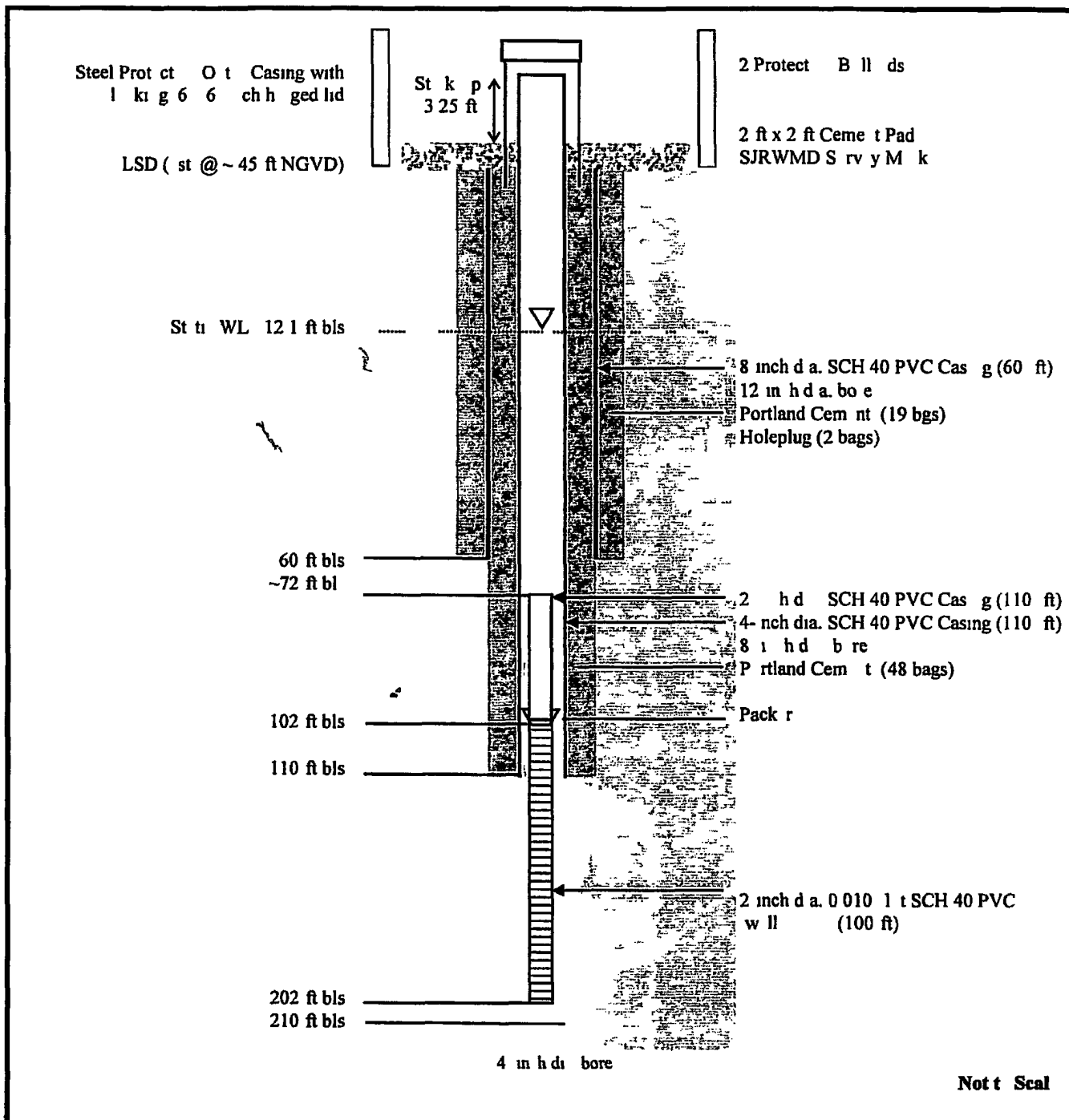
Aquifer code: FA

M.P. elevation: 500.00 Assumed

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

Depth of well: 210'

Depth of casing: 110'



Site Sylvan Lake

Driller Huss Drilling Inc

Well Completed July 21 2008

SJRWMD

Floridan Monitor Well S-0718

WELL COMPLETION REPORT (Please complete in black ink type)

WELL # S 0718 WUP # _____ DID # _____
 permit is for completion of well located at _____
 indicate maining well is cancelled _____

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

SIGNATURE Robert Huns License # 2879
 I certify that the information provided in this report is true and correct.

Route	No. of Bags	From (FL)	To (FL)
Least Cement	<u>67</u>	<u>00</u>	<u>110'</u>
From			

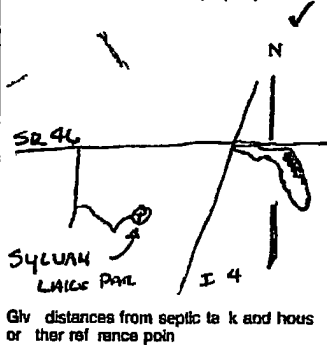
WELL LOCATION Site Address SYLVAN LAKE PARK (City) Sevierville

114 f. 114 S. 26 Twp 195 Rg 295

Latitude 284807 Longitude 812302

DATE STAMP

Sketch of well location on property



Give distances from septic tank and house or other reference point

Official Use Only

CHEMICAL ANALYSIS WHEN REQUIRED

_____ ppm Sulfate _____ ppm

_____ ppm

Lab Test () Field Test Kit

p Type

Centrifugal () Jet () Submersible () Turbine

sepower _____ Capacity _____ G.P.M. _____

rip Depth _____ Ft. Intake Depth _____ Ft.

OWNER'S NAME SJR WMD

COMPLETION DATE 7 24 08 Field Use ID _____

WELL USE DEP/P bli _____ Irrig ti _____ D m st _____ M i X
 HRS Limit d _____ 62 524 _____ Oth _____

DRILL METHOD ☒ Rotary ☐ Cable Tool ☐ Combination

☐ Jet ☐ Auger Oth _____

Measured Static Well Level 121 Measured Pumping Water Level _____
 All _____ Hrs at _____ G.P.M. Measuring Pt. (Describe) _____
 Well is _____ Ft. () Abo () B I La d S face _____
 Casing () Black Steel () Galv ☒ PVC Oth _____

Casing Diameter & Depth (FL)	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formalin changes Note cavities depth to producing zones Color Grain Size Type M I
	From	To	
Diameter <u>4"</u> From <u>00</u> To <u>110</u>	<u>00</u>	<u>50</u>	<u>BROWN LT GREY SILTY</u> <u>FINE SAND</u>
<u>ORAN Hole</u> Diameter <u>4</u> From <u>110</u> To <u>210</u>	<u>50</u>	<u>55</u>	<u>LT GREY SILTY CLAY</u>
	<u>55</u>	<u>70</u>	<u>LT GREY FINE SAND</u>
	<u>70</u>	<u>76</u>	<u>OLIVE GREY SILTY CLAY</u>
	<u>76</u>	<u>84</u>	<u>OLIVE GREY, PHOSPHATIC SAND</u>
	<u>84</u>	<u>98</u>	<u>OLIVE GREY, PHOSPHATIC CLAY</u>
	<u>98</u>	<u>210</u>	<u>LT BROWN, TAN, LIMYSTONE</u>

Driller's Name
(print or type)

KEVIN REFFUSE