

WELL COMPLETION REPORT (Please complete in black ink or type.)PERMIT # V-1135 COPY # _____ DID # _____

If permit is for multiple wells indicate the number of wells drilled _____.

Indicate remaining wells to be cancelled _____.

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

SIGNATURE Robert B. Hunt Jr. License # 2879

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:	1	0.0	1.0
Bentonite:	42	1.0	3.0'

WELL LOCATION: Site Address Empire Property (County) Volusia1/4 of _____ 1/4 of Section 9 Twp: 19S Rge: 30ELatitude 285054 Longitude 811903

DATE STAMP	Sketch of well location on property
Official Use Only	

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: _____ ppm Sulfate: _____ ppm

Chloride: _____ ppm

☐ Lab Test ☐ Field Test Kit

Pump Type

☐ Centrifugal ☐ Jet ☐ Submersible ☐ Turbine

Horsepower _____ Capacity _____ G.P.M. _____

Pump Depth _____ Ft. Intake Depth _____ Ft.

OWNER'S NAME STRWMDCOMPLETION DATE 5-14-08 Florida Unique I.D. _____WELL USE: DEP/Public _____ Irrigation _____ Domestic _____ Monitor X

HRS Limited _____ 62-524 _____ Other _____

DRILL METHOD ☒ Rotary ☐ Cable Tool ☐ Combination☐ Jet ☐ Auger Other _____

Measured Static Water Level <u>675</u>	Measured Pumping Water Level _____
After _____ Hours at _____ G.P.M. Measuring Pt. (Describe): _____	
Which is _____ Ft. ☐ Above ☒ Below Land Surface	
Casing: ☐ Black Steel ☐ Galv. ☒ PVC Other _____	
☐ Open Hole	Depth (Ft.)
☒ Screen	
Casing Diameter & Depth (Ft.)	From To
Diameter <u>2"</u>	<u>0.0</u> <u>10.0</u>
From <u>0.0</u>	
To <u>3.0</u>	
SCREEN	
Diameter <u>2"</u>	
From <u>5.0'</u>	
To <u>10.0'</u>	
Liner ☐ or	
Casing ☐	
Diameter _____	
From _____	
To _____	

DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.

Color | Grain Size | Type of Material

DARK BROWN FINE TOMED SANDDriller's Name: EDDIE PRIMER
(print or type)