

STATE OF VERMONT – DEPT. OF ENVIRONMENTAL CONSERVATION

Drinking Water & Groundwater Protection Division (DWGPD), 1 National Life Drive, Main Building – 2nd Floor,
Montpelier, VT 05620-3251

Tel. (802) 828-1535 or (802) 585-4907

WELL COMPLETION REPORT

WELL LOCATION

Well Owner or Purchaser: Eric Shaeffer
E-911 Address: 389 Spruce Drive

WELL TAG No. 48933

Town: Andover
Subdivision Name: Spruce Drive
Lot Number: _____

GEOGRAPHIC LOCATION (Complete A OR B, but not both)

Date Well Drilled: 6-26-2013

A. GPS Location: 43°17'55.7" N 072°44'03.8" W Garmm 12 7
Latitude Rdg. Longitude Rdg. GPS Make/Model # of Satellites Used (Min. 3)

B. Attach Town Map with well location marked, if not providing GPS location.

WELL TYPE (Check one)

- ☒ Bedrock
☐ Gravel
☐ Monitoring
☐ Other: _____

WELL USE (Check one)

- ☐ Residential/Non-public
☐ Public water system
☐ Agricultural
☐ Industrial
☒ Other: Pond

REASON FOR WELL (Check one)

- ☐ New supply
☐ Replace existing supply
☐ Deepen existing supply
☐ Additional supply
☐ Test/exploration
☐ Geothermal
☒ Other: Pond

WELL CONSTRUCTION INFORMATION

DEPTHS

To bedrock
3 ft.
Total
600 ft

CASING

Total Length 20 ft.
Casing exposed 18 in.
Diameter 7 in.
Material Steel
Weight 17 lb/ft

LINER OR INNER CASING

Total Length _____ ft.
Depth to liner top _____ ft.
Diameter _____ in.
Material _____
Weight _____ lb/ft
Seal type _____

SCREEN DETAILS

Make/Type _____
Material _____
Diameter _____ in
Depth to screen top _____
Slot size _____
Gravel pack (type/size) _____

WELL LOG

From	To	Formation and water-bearing fracture Information
<u>0</u>	<u>3</u>	<u>Loam</u>
<u>3</u>	<u>20</u>	<u>R- Grayshist</u>
<u>20</u>	<u>110</u>	<u>R- Small fracture Grayshist</u>
<u>110</u>	<u>560</u>	<u>R- Gray & Blackshist med.</u>
<u>560</u>	<u>600</u>	<u>R- Gray & Blackshist med.</u>

SEALING METHOD

- ☐ Drive Shoe
☐ Grouted – Grout type _____

YIELD TEST

Tested for 1 hr @ 3 GPM
Static Water Level 20 ft.
(below land surface)
☐ Overflowing? (check if yes)
☐ Hydrofractured? _____ GPM

WELL DRILLER INFORMATION

☒ Yes ☐ No; I provided property owner the Dept. of Health information, per 10 V.S.A. Section 1396(d)

Drilled by: Sally Townsend
[Signature]
Signature of Qualifying Individual
Company: Frost Wells & Pumps
Lic # 265

COMMENTS AND SITE SKETCH

fracture at 110 feet 1-6 p.m
fracture at 560-2-6 p.m

White Copy - DWGPD

Yellow Copy - Owner

Pink Copy - Driller

1/10/13

GENERAL INSTRUCTIONS:

1. Wells must be tagged within 30 days of well completion.
2. Complete and Submit this form within 90 days of well completion.
1. If you need more space , please attach extra sheet, include Tag Number.
2. If you would like to complete this form electronically on a personal computer instead of paper, call us.
3. **Variance:** When meeting the minimum isolation distances in 12.2.1.1 is physically unworkable, or the location of the subsurface disposal field cannot be determined, additional protective measures must be used. Additional protection (except as otherwise specified by the Agency) shall be provided through the use of additional casing and grouting of any annular space. The well location problems shall be discussed with the owner and the final location and use of additional protective measures shall be agreed to before construction. The variance shall be noted on the Well Completion and Servicing Report.

WELL LOG GUIDELINES

Please provided descriptions of the subsurface condition encountered. The following codes can be used when filling out the overburden information:

LITHOLOGY CODES

B	Boulder, cobble	S	Sand	I	Silt
BS	Boulder & sand	SG	Sand & gravel	T	Till/Hardpan
BI	Boulder & silt	SI	Sand & silt	SO	Soil
BC	Boulder & clay	C	Clay	R	Rock, bedrock, ledge
G	Gravel	CG	Clay & gravel		
GS	Gravel & sand	CS	Clay & sand		
GI	Gravel & silt	CI	Clay & silt		

For bedrock please provide a description of the rock; such as, color, hardness, texture and rock type if known. The following guidelines can be used:

Hardness:	Soft	Color: One Color	Rock Type—If Known
	Medium	Multiple Colors	
	Hard	% of each color	