

WELL COMPLETION REPORT

JUN 19 2002

WELL TAG No. 17163

(Fill In Number from Tag)

WELL LOCATION

Well Owner or Purchaser: CINDY SHUBERT
E-911 Address: 11 PHILIPS RD
W. TOPSHAM VERMONT

Town: TOPSHAM
Subdivision Name:
Lot Number:

GEOGRAPHIC LOCATION (Complete A OR B, not both)

Date Well Drilled: 3-27-02

A. GPS Location: _____ N _____ W
Latitude Rdg. Longitude Rdg. GPS Make/Model # of Satellites Used (Min. 3)

(OR)

B. Attach a Town Map showing location of well marked with a clear dot.

WELL TYPE (Check One)

- ☒ Bedrock
☐ Gravel
☐ Monitoring
☐ Other: _____

WELL USE (Check one)

- ☒ Domestic
☐ Public
☐ Agricultural
☐ Industrial
☐ Other: _____

REASON FOR WELL (Check one)

- ☐ New Supply
☒ Replace Existing Supply
☐ Deepen Existing Supply
☐ Additional Supply
☐ Test/Exploration
☐ Other: _____

WELL CONSTRUCTION INFORMATION

DEPTHS

To Bedrock 13 1/2 ft
Total: 200 ft.

CASING

Total Length: 20 ft
Casing Exposed: 18 in.

Diameter: 6 in.

Material: STEEL

Weight: 17 lb/ft

SEALING METHOD

☐ Drive Shoe

☒ Grouted

Grout Type: CUTTINGS

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: _____ ft.

Slot Size _____

Gravel Pack (Type & Size): _____

YIELD TEST

Tested for 2 hr. @ 1 GPM

Static Water Level 7 Ft. Below Land Surface

☐ (Check Here if Overflowing)

☐ Hydrofractured. Resulting flow= _____ GPM

WELL LOG

From To

0 13 1/2
13 1/2 200

Formation Information and

Water Bearing Fractures

HARDPAN & BOULDERS
MED HARD GRAY BEDROCK

WELL DRILLER INFORMATION

Drilled By: WILLIAM A BAILEY

BILL BAILEY

Company: WELL DRILLING Lic#: 167

Signature of Qualifying Individual

COMMENTS

SITE SKETCH (Optional)

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.
3. If you need more space , please attach extra sheet, include Tag Number.
4. If you would like to complete this form electronically on a personal computer instead of paper, call us.
5. **Variance:** When meeting the minimum isolation distances in 12.2.1.1 is physically unworkable, or the location of the subsurface disposal field can not 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	

MAP SOURCE: VERMONT AGENCY OF TRANSPORTATION

44C5

44C8

G r o t o n

54A2

Topsham

54A5

912

