

WELL COMPLETION REPORT

CPR-9 REV. 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING BOARD
165 CAPITOL AVE.
HARTFORD, CONNECTICUT 06106

Do NOT fill in

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ZBA

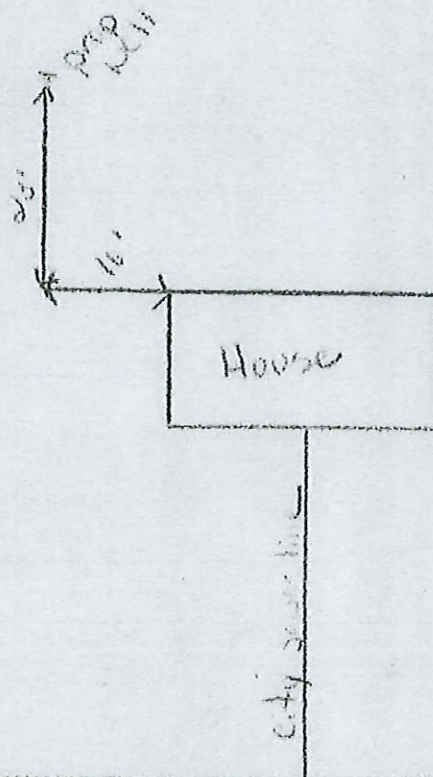
OWNER	NAME Peter W. Wozniak		ADDRESS Box 11, Marlboro Ct.	
LOCATION OF WELL	(No. & Street) 43 Smith Rd.		(Town) East Hampton	(Lot Number) 2
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)			
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY <input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION <input type="checkbox"/> CABLE PERCUSSION <input type="checkbox"/> OTHER (Specify)			
CASING DETAILS	LENGTH (feet) 40	DIAMETER (Inches) 6	WEIGHT PER FOOT 11	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED DRIVE SHOE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WAS CASING GROUTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED <input type="checkbox"/> PUMPED <input checked="" type="checkbox"/> COMPRESSED AIR		HOURS 1	YIELD (G.P.M.) 3
WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet) 20 MAKE		DURING YIELD TEST (feet) 305	
SCREEN DETAILS	Depth of Completed Well in feet below Land surface: 305			LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (Inches)	IF GRAVEL PACKED:	Diameter of well including gravel pack (Inches): GRAVEL SIZE (Inches) FROM (feet) TO (feet)

DEPTH FROM LAND SURFACE FEET TO FEET		FORMATION DESCRIPTION
0	30	Gravelly Soil
30	305	Granite

If yield was tested at different depths during drilling, list below

FEET	GALLONS PER MINUTE

Sketch exact location of well with distances, to at least two permanent landmarks.



DATE WELL COMPLETED 5/22/88	PERMIT NO. 110952	REGISTRATION NO. 3	DATE OF REPORT 6-2-88	WELL DRILLER (Signature) [Signature]
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LOCAL DIRECTOR OF HEALTH