



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES - DRINKING WATER UNIT
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

THIS REPORT TO BE SUBMITTED BY DRILLER WITHIN 60 DAYS AFTER
COMPLETION OF DRILLING WATER WELL WITH REQUIRED FEE TO THE ABOVE ADDRESS:

OFFICE USE ONLY:

Well No.: _____
Date Rec'd: _____
Check # _____
Amount Rec'd: _____
Receipt #: _____ CD#: _____

TENNESSEE WATER WELL DRILLERS REPORT

PRINT OR TYPE ONLY

(1) LICENSEE Firm Name <u>Walker W/O</u> Lic No. <u>684</u> Rig Operator <u>Ken Walker</u> Driller Tag # <u>1201355WH</u>		(9) WELL OWNER Name <u>Nickolai Martusheff</u> First Last Or Company _____ Address <u>245 Old Leadmine Bend Rd</u> City <u>Sharps Chapel</u> State <u>TN</u> Zip <u>37866</u> Phone # <u>(808) 953-7991</u>	
(2) WELL LOCATION County <u>Union</u> Driller Map No. _____ W X Y Z OR Number Letter Section Latitude <u>36</u> <u>23</u> <u>28</u> Longitude <u>-83</u> <u>49</u> <u>58</u> Deg Min Sec Deg Min Sec Address <u>245 Old Leadmine Bend Rd</u> City <u>Sharps Chapel</u> Zip <u>37866</u> <u>1/5</u> mile(s) (N) (E) (S) (W) of <u>Pinnacle Point</u> LANDMARK		(10) PROPOSED USE OF WELL Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Monitor <input type="checkbox"/> Test <input type="checkbox"/> Farm <input type="checkbox"/> Irrigation <input type="checkbox"/> Heat Pump <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> (Specify other) _____	
(3) TYPE OF WORK Date Drill rig left site: <u>7/21/25</u> New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Rework <input type="checkbox"/> Backfill & Abandon <input type="checkbox"/>		(11) PRIMARY CASING Diameter <u>6 3/8</u> Inches Top Set <u>12</u> Inches Above Ground From land Surface to <u>146</u> Feet Below Ground Type: Plastic <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Wall Thickness <u>188</u> or SDR # _____	
(4) WELL COMPLETION DATA Date Completed <u>7/21/25</u> Static Level <u>100</u> Feet Total Depth <u>620</u> Feet Estimated Yield <u>1</u> GPM Depth to Bedrock <u>105</u> Feet		(12) WELL FINISH Open Hole <input checked="" type="checkbox"/> Screen <input type="checkbox"/> Slotted or Perf. Pipe <input type="checkbox"/> From <u>146</u> Feet To <u>620</u> Feet If Screen, Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Slot Size <u>6 3/8</u> Inches Gravel Pack From _____ Feet To _____ Feet	
(5) WATER-BEARING ZONES DEPTH IN FT. GPM WATER QUALITY <u>245</u> <u>1</u> <u>clear</u>		(13) BACK FILL MATERIAL Bentonite <input checked="" type="checkbox"/> Portland Cement <input type="checkbox"/> From 3 Feet to 10 Feet Cuttings From <u>10</u> To <u>146</u> Sand _____ Bentonite _____ Portland Cement _____ Other (Specify) _____ Other (Specify) _____	
(6) WELL TEST Tested By: Pumping <input type="checkbox"/> Blowing <input checked="" type="checkbox"/> Bailing <input type="checkbox"/> Static Level _____ Feet Pumping Level _____ After _____ Hour(s) _____ Minute(s) At <u>1</u> GPM Development Time _____ Hour(s)		(14) LINER CASING Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type: Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Diameter _____ Inches From: _____ Feet To: _____ Feet Packers Installed? Yes <input type="checkbox"/> No <input type="checkbox"/> Location: _____ Feet and _____ Feet	
(7) FORMATION LOG DEPTH IN FT. FROM TO DESCRIPTION (DENOTE ROCK COLOR & TYPE OR CAVES) <u>0</u> <u>105</u> <u>Dirt</u> <u>105</u> <u>620</u> <u>Limestone</u>		(15) ANTICIPATED WATER QUALITY Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Dingy <input type="checkbox"/> Muddy <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Iron <input type="checkbox"/> Sulfur <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Salt <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____	
(8) COMMENTS		(16) GENERAL INFORMATION Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Well Capped: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Well located greater than fifty feet from septic tank & field Lines: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> From information provide by: <input type="checkbox"/> Property Owner (provide written statement by owner) <input checked="" type="checkbox"/> Driller determination <input type="checkbox"/> Health Department Drilling process water obtained from: Well <input checked="" type="checkbox"/> Springbox <input type="checkbox"/> Public Supply <input type="checkbox"/> Surface Supply <input type="checkbox"/> Pump Installed by Driller: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Variance Issued: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Signature of Licensee: Ken Walker

Distribution: White - Central Office

Canary - Driller

Pink - Homeowner