sKridge

MAIL TO:
WATER SUPPLY BRANCH
DIVISION OF WATER RESOURCES
P.O. BOX 1401
DOVER, DELAWARE 19903

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE RETURNED WITHIN 30 DAYS AFTER CONSTRUCTION DATE.

MONITOR / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE

PERMIT NO. 95775 LOCAL ID W-1 D
Owner DEL DOT
Address BOX 778
City DOVER State DE Zip 19903
Telephone Number 739-4852
Consulting Firm/Supervising Geologist (If applicable)
USGS/M. HAYES
Telephone Number 410-828-1535
Well Contractor WALTON CORP
Date of Completion 12/2/93
Name of DNREC Contact Person
Drilling Method HSA

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [ ] NO [✓]
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

PLAN ATTACHED

WELL CONSTRUCTION

Total depth drilled: 128
Depth to water 10
Surveyed Top of Casing Elevations
_____ Inner _____ Outer Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	+2	
Casing bottom	96	
Casing diameter	2ID	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	96	
Screen bottom	99	
Screen diameter	2ID	
Screen material	PVC	

Type of Grout BENT from 0 to 94
Gravel pack interval from 94 to 99
Aquifer/Formation screened in:
Type of samples (ditch, split spoon, etc.)

Samples Logged By: _____ (Name)
(Title) (Company)

Well Drilled By: WALTON CORP (Company Name)

(Signature of Driller in Charge) 12/6/93 (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
GRAY + BR F-C SAND	0	
TR SILT + GRVL		79
BR + GRAY SILTY F	79	
SAND TR GRVL		95
GR F-C SAND TR SILT	95	128

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [✓]
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White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor

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