MAIL TO: WATER SUPPLY BRANCH DIVISION OF WATER RESOURCES

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

P.O. BOX 1401 DOVER, DELAWARE 19903

MONITOR / OBSERVATION WELL COMPLETION REPORT

Cf33-02

PLEASE PRINT OR TYPE PERMIT NO. 75782 LOCAL ID IAI - 1M Owner DEDOT Address 30x 775 City DOVER State DE Zip 19903 Telephone Number 737-4552 Consulting Firm/Supervising Geologist (If applicable) USGS/M. HP465 Telephone Number 40-528-1535 Well Contractor WOLTON (15R P)	IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES[] NO[Y] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.		
Name of DNREC Contact Person Drilling Method WELL CONSTRUCTION Total depth drilled:		;	
Depth to water	DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Surveyed Top of Casing Elevations	GRAYIBR ECSAND	0	1
Rt shove Sea Level	TR SILT		.50
Inner Outer		4	
•			ì
CASING SEQUENCE			
Inner casing Outer casing		•	
Casing top 1+Z			
Casing bottom 47			1
Casing diameter ZID			
Casing material . T.C.	1.00		1 .
SCREEN SEQUENCE			
Inner casing Outer casing	+	· · · · · · · · · · · · · · · · · · ·	
: 1 ~ 7			
Screen top			1
Screen bottom		-	
Bereen diameter			
Screen material	<u> </u>		1
Type of Grout TXNT from 0 to 45 Gravel pack interval from 45 to 50			
Aquifer/Formation screened in:			
Type of samples (ditch, split spoon, etc.)			1
Type of Sampled (unonly spire spoon, ever)			•
,		<u> </u>	1 1
Samples Logged By:			
Samples Logged By. (Name)			,
		<u> </u>	
(Title) (Company)	_		
(11tte) (company)	·		1 1
			++
1 1/2/10/ MD	1 . 1 . 1	17/2/93	
Well Drilled By: VYNCLON (Company Name)	drilled	11/12/17	<u> </u>
Well Drilled By: WALION (Company Name) (Company Name) (Signature of Driller in Charge) (Date)	SUPPLEMENTAL DRILLERS LOG ATTACHED? YES[] NO[[] PAGE 1 OF PAGES		