MAIL TO:

WATER SUPPLY BRANCH DIVISION OF ENVIRONMENTAL CONTROL P.O. BOX 1401

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE RETURNED 30 DAYS AFTER CONSTRUCTION DATE

DOVER, DELAWARE 19903 WELL COMPLETION REPORT LEASE PRINT PERMIT NO. __ TYPE OF PERMANENT PUMP INSTALLED: LOCAL ID. PUMP MANUFACTURE RATED CAPACITY (GPM) ___ CONSTRUCTION DATE _ PUMP INTAKE SETTING ______ FT. BELOW GRADE PURPOSE: TEST **E**PÉRMANENT THE COMPLETED WELL IS? YES NO USE: ZYDOMESTIC ☐ AGRICULTURAL A. AT LEAST 15' FROM ANY FOUNDATION. M ☐ COMMERCIAL ☐ INDUSTRIAL B. AT LEAST 50' FROM ANY SEPTIC TANK \square ☐ IRRIGATION ☐ PUBLIC C. AT LEAST 10' FROM TOWN SEWER LINE ☐ OBSERVATION ☐ DEWATERING D. AT LEAST 100' FROM THE NEAREST EDGE Z \Box OF ANY TILE FIELD ☐ HEAT PUMP RECHARGE HEAT PUMP SUPPLY ☐ OTHER (Specify) _ THE NEAREST NEIGHBORS (CIRCLE ONE) IS THIS A REPLACEMENT WELL? YES IN NO EX SEPTIC TILE FIELD CESSPOOL OR PRIVY ABANDONMENT DATE FOR OLD WELL ____ IS _____FROM COMPLETED WELL. ABANDONMENT METHOD ______ IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? DRILLING METHOD IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS. ☐ AUGERED ☐ BORED □ CABLE TOOL ☐ DRIVEN ☐ JETTED □ AIR ROTARY . MUD ROTARY ☐ REVERSE □ WASHED OTHER (Specify) _ TOTAL DEPTH DRILLED __ **CASING SEQUENCE** INNER OUTER alore CASING TOP CASING BOTTOM CASING DIAMETER rue CASING MATERIAL SCREEN SEQUENCE INNER OUTER SCREEN TOP 5 SCREEN BOTTOM DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA SCREEN DIAMETER SUC SCREEN MATERIAL WRITTEN APPROVAL FOR SCREENING/ GRAVEL PACKING MORE THAN ONE AQU-IFER MUST BE OBTAINED FROM DNREC. フ GROUT TYPE: CEMENT □ BENTONITE CLAY ☑ 201 11 20' 50 NON-GROUT BACKFILL OF WELL ANNULUS TYPE Native FROM 45 TO 65
GRAVEL PACK: TYPE 2 Well sound .. FEET FROM ________FEET STATIC WATER LEVEL: DATE 3/26/90 75-80 ______ FT. (Below) above) GROUND SURFACE PUMPING WATER LEVEL: 16 FT. BELOW GRADE AFTER _____ HOURS AT_____ SO__ GPM. WELL HEAD COMPLETION: SUPPLEMENTAL DRILLERS LOG ATTACHED YES D NO P YPE: PITLESS ADAPTOR □ PAGE 1 OF_∠ PAGES laces & Son Inc. COMPANY NAME ___ OTHER W ___ 2 in print <u> / え</u>INCHES ABOVE GRÁDE. SIGNATURE OF DRILLER IN CHARGE: DATE

26/90