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 WELL COMPLETION REPORT

PC22-C1

PLEASE PRINT OR TYPE	•			"·
PERMIT NO. 77475 L	OCALID 5-8	IS COMPLETED WELL LOCATED AS SHOWN ON		
Owner E. T. DUICHT DE NEMOURS + CO.		APPLICATION FORM? YES[] NO[] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.		
Address Dr. Aulas AJi				
City WildidgTon State Di Zip 17898		1		
City William State 52 21p 110/10		1		
Telephone Number 302.344.3401		•		i
Consulting Firm/Supervising Geologist (If applicable)				•
TO THE THE SAME RELIEVE		-		
Telephone Number 202-306 240/		•		İ
Well Contractor WALTON CCREOKATICAN		•		6
Date of Completion 2/1/87		•		
Name of DNREC Contact Person ATUGUD 6400144		•		
Drilling Method Hollow STEA! AUGEL				
				Zi zi N
WELL CONSTRUCTION				
Total depth drilled: 19.0 FT.		-	Leon on center	BOTTOM
Depth to water Fr		DRILLERS LOG DESCRIP	TOP OF STRATA	
Surveyed Top of Casing Elevations		MISC FILL	0.0	4.0
Ft. above Sea Level		LT ECN. TO GRAY	4.0	
Inner Outer		FINE TO COADE SAND		9.0
CARI	NG SEQUENCE	LT. GRAY FINE TO	9.0	
	Outer casing	GOARSE SAND, TRACE		
Casing ton # 3.0	# 3.5°	GRAVEL		14.0
Casing top	1.5"	LT. GRAY FINE SAND	140	19.0
Casing Outton	4.0"		<u> </u>	
6.44	STO. BLK STEEL	ll		<u></u>
Casing material		· · · · · · · · · · · · · · · · · · ·		
SCRE	EN SEQUENCE	·		
Inner casing	Outer casing	ıl		
Screen top				
Screen bottom /8.8'				
Screen diameter 2.0"		· · · · · · · · · · · · · · · · · · ·		·
Screen material		J		<u> </u>
	• • • •			
Type of Grout CEMENT	rom <u> </u>			<u> </u>
Gravel pack interval from 19.0 to 8.0				
Aquifer/Formation screened in:				<u> </u>
Type of samples (ditch, split spoon, etc.)				
SPLIT STOCK		-	<u> </u>	
				
			<u> </u>	
Samples Logged By: (Name)		-[
	(ATEMP)			
<i>"</i>	•			
(Title)	(Company)			
*				
Well Drilled By: WALTON CONFORMATION (Company Name)				<u> </u>
(Company Name)				
	1.1	SUPPLEMENTAL DRILLERS	LOG ATTACHED?	
House Trusc	Sx 16/27	YES[] NO[]		
(Signature of Driller in Charge)	(Date)	PAGE 1 OF PAGES		