

MAIL TO:

WATER SUPPLY BRANCH
DIVISION OF ENVIRONMENTAL CONTROL
P.O. BOX 1401
DOVER, DELAWARE 19903

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL**

WELL COMPLETION REPORT MUST
BE RETURNED 30 DAYS AFTER
CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 97449 LOCAL ID# _____

OWNER Emeigh Tod

CONSTRUCTION DATE 10-28-93

PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) _____

IS THIS A REPLACEMENT WELL? YES NO

ABANDONMENT DATE FOR OLD WELL N/A

ABANDONMENT METHOD N/A

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
TOTAL DEPTH DRILLED 340'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>1'±</u>	
CASING BOTTOM	<u>310'</u>	
CASING DIAMETER	<u>4"</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>310'</u>	
SCREEN BOTTOM	<u>340'</u>	
SCREEN DIAMETER	<u>4"</u>	
SCREEN MATERIAL	<u>PVC</u>	

WRITTEN APPROVAL FOR SCREENING/
GRAVEL PACKING MORE THAN ONE AQU-
IFER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: N/A

FROM 0 TO 270 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE N/A FROM _____ TO _____ FEET

GRAVEL PACK TYPE MORIE BLEND 14-2

FROM 270 TO 340 FEET

STATIC WATER LEVEL: DATE 10-28-93

1 FT. (below/above) GROUND SURFACE

PUMPING WATER LEVEL 21 FT. BELOW GRADE

AFTER 6 HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER PVC

1/2 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE GOULDS

RATED CAPACITY (GPM) _____

PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

YES NO
A. AT LEAST 15' FROM ANY FOUNDATION
B. AT LEAST 50' FROM ANY SEPTIC TANK
C. AT LEAST 10' FROM TOWN SEWER LINE
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD

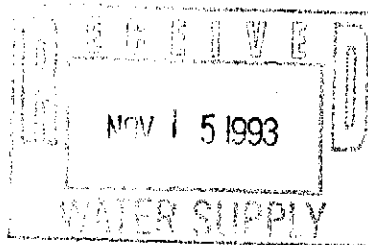
THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
IS 100' FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

PC 42-14



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	1
FN to MD TNSD	1	21
GRAY CLAY	21	28
FN to CRSE TNSD	28	41
IRON ORE	41	43
FN to CRSE BRN SD	43	84
IRON ORE	84	86
GRAY CLAY	86	163
EN GRV SD		
GRAY CLAY	163	191

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Atlantic Well

SIGNATURE OF DRILLER IN CHARGE: _____ DATE 11/1/93

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NOV 15 1993

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 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) _____

IS THIS A REPLACEMENT WELL? YES NO

ABANDONMENT DATE FOR OLD WELL _____

ABANDONMENT METHOD _____

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____

TOTAL DEPTH DRILLED _____

CASING SEQUENCE

CASING TOP
CASING BOTTOM
CASING DIAMETER
CASING MATERIAL

INNER	OUTER

SCREEN SEQUENCE

SCREEN TOP
SCREEN BOTTOM
SCREEN DIAMETER
SCREEN MATERIAL

INNER	OUTER

WRITTEN APPROVAL FOR SCREENING/
GRAVEL PACKING MORE THAN ONE AQU-
IFER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM _____ TO _____ FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE _____

FROM _____ TO _____ FEET

STATIC WATER LEVEL: DATE _____

_____ FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: _____ FT. BELOW GRADE

AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE PITLESS ADAPTOR

OTHER _____

_____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____
RATED CAPACITY (GPM) _____
PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

	YES	NO
A. AT LEAST 15' FROM ANY FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>
B. AT LEAST 50' FROM ANY SEPTIC TANK	<input type="checkbox"/>	<input type="checkbox"/>
C. AT LEAST 10' FROM TOWN SEWER LINE	<input type="checkbox"/>	<input type="checkbox"/>
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	<input type="checkbox"/>	<input type="checkbox"/>

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
IS _____ FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN
ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
GRAY CLAY	191	273
HARD SHELL	273	278
FN to MD GRY SAND & SHELL	278	342
HARD SHELL	342	345

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Atlantic Well

SIGNATURE OF DRILLER IN CHARGE: _____ DATE 11/1/93