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

PLEASE PRINT OR TYPE		
PERMIT NO. 78215 LOCAL ID 6S	IS COMPLETED WELL LOCATED AS SHOWN ON	
Owner As Eng	APPLICATION FORM? YES[] NO [>]	
Address 21379	IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT	S.
City Warder State DE Zip 19716	1 44 0 40-1	
Telephone Number 451-1463	195 E 8	
Consulting Firm/Supervising Geologist (If applicable)	Moved 195' E & 5	
Telephone Number 45/- Z4/-7	·	
Telephone Number 75/-29/2 Well Contractor	•	
Date of Completion 5/7/29		
Name of DNREC Contact Person	·	
Drilling Method		
Drining Method		
WELL CONSTRUCTION	Pe32-10	
	1 1632 14	
Total depth drilled: 14. Depth to water 7.5	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM	
Surveyed Top of Casing Elevations	Mary SAND TORSON () 1.0	_
Inner Outer Ft. above Sea Level		_
Inner / Outer		_
/	CMANGE M. JAM) 10 40	_
CASING SEQUENCE	W/ TR. CLAY	_
Inner casing Outer casing		_
Casing top		_
Casing bottom	GRAYABROWN MUD 4.0 8.0	_
Casing diameter / 2 5	F-M SAND CLAY	_
Casing material		
SCREEN SEQUENCE		_
Inner casing Outer casing		
Screen top	GRAX M-C SAND W/ 8.5 14.7	_
Screen bottom	TR. GRAJEL	_
Screen diameter		_
Screen material L		_
Type of Grout ANTONTE from 0 to 2.5		_
Gravel pack interval fromtoto	-	
Aquifer/Formation screened in:		
Type of samples (ditch, split spoon, etc.)		_
/V //N		_
$A \circ A$		_
Samples Logged By: (Name)		_
	·	
Sr. Res. TECH D65		—
$\frac{\mathcal{F}}{\mathcal{F}}$ $\frac{\mathcal{F}}{\mathcal{F}$		
(Lompany)		_
		_
Well Drilled By:		_
(Company Name)		_
12W0 11997 1 - 11	CURRY EMENSAL PRINTED LOG ASSESSED.	
1 /1/6 / / / Lo 6///08	SUPPLEMENTAL DRILLERS LOG ATTACHED? YES[] NO[]	
(Signature of Driller in Charge) / (Date)		
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