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	<u> </u>				
PERMIT NO. 78216 LOCAL ID 78			IS COMPLETED WELL LOCATED AS SHOWN ON		
Owner Art Court			APPLICATION FORM? YES[] NO[X]		
Owner Address Mills			IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.		
City As a	U/S State /)	E Zip /17/6			
Telephone Number 45/-21/65			Moved	45' W	-4
Consulting Firm/Supervising Goologist (If applicable)				73 W	,,
Consulting Firm/Supervising Geologist (If applicable)				65' N	
				63 /	
Telephone Number 451-7464 Well Contractor D6.5			-		
Data of Completi	on <u>5/9/69.</u>		-		
Name of DNREC			•		
Drilling Method					
Diffing Method				•	
	WELL CONSTRUCT	ON	10 32-(1		
			pe 32-(1		
Total depth drilled: 74.7			DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Surveyed Top of Casing Elevations			BROWN SANETY TOPSOIL	0	1, 0
The share Cas Level					<i>(</i> ,
Inner Outer Ft. above Sea Level					
			ORANGE - BRUNIN M.	1.0	40
	CASING S	SEQUENCE		· · · · · · · · · · · · · · · · · · ·	
	Inner casing	Outer casing	STAND G/TRICLAY		
Casing top	11.0				
Casing bottom	12.7		GARY GREWIN MOD.	4.0	\$ 6
Casing diameter	1.25		FM SAMOY CLAY	Luit . W	
Casing material	PV C		$\left\ \frac{T - M_1}{2} \frac{3\lambda M_2}{2} \frac{3\lambda M_2}{2} \right\ $		
SCREEN SEQUENCE			-,		**** *** *** * * * * * * * * * * * * * *
	Inner casing	Outer casing			
Screen top	/Y.37		GEAY 14-C 5000 W/	8.5-	17.7
Screen bottom	/ Y.T) /		TR GRAVE		1
Screen diameter	1,25				
Screen material	2° V €				
Type of Grout 34 VIVA 1. 5 from 6 to 295					
Gravel pack interval fromtoto			_		
Aquifer/Formation screened in: 20144815			_	·	
Type of samples (ditch, split spoon, etc.)					
1//-				*	
	*/ × =				
,	7/0) //\ *			
Samples Logged 1	By: $\frac{2}{\sqrt{N_0}}$		-		
	(140				
Plakey Lock Dock					
(Title) (Company)					
1					
1 3/2					
Well Drilled By: (Company Name)					
	(Comp	A /			
I do Bak A lite			SUPPLEMENTAL DRILLERS LOG ATTACHED?		
Lober C. Xando 6/6/81			YES[] NO[X]		
(Signature of Driller in Charge) (Date)			PAGE 1 OF PAGES		: I
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