

MAIL TO:
 WATER SUPPLY BRANCH
 DIVISION OF ENVIRONMENTAL CONTROL
 P.O. BOX 1401
 DOVER DELAWARE 19901

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
 BE RETURNED 21 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 54467 LOCAL ID _____
 OWNER Del. Solid Waste

CONSTRUCTION DATE September 2, 1983
 PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 MONITOR DEWATERING
 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 25'

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	0			
CASING BOTTOM	10			
CASING DIAMETER	7"			
CASING MATERIAL	PVC			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	10			
SCREEN BOTTOM	25			
SCREEN DIAMETER	7"			
SCREEN MATERIAL	PVC			

WRITTEN APPROVAL FOR SCREENING/
 GRABBLE TESTING MORE THAN ONE AQU-
 IFER MUST BE OBTAINED FROM OWNER

GROUT TYPE CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 10 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE 1 FROM _____ TO _____ FEET
 GRAVEL PACK: TYPE 2
 FROM 10 TO 25 FEET
 STATIC WATER LEVEL: DATE September 2, 1983
6 FT. (below, above) GROUND SURFACE
 PUMPING WATER LEVEL: 10 FT. BELOW GRADE
 AFTER 10 HOURS AT 10 GPM.

WELL HEAD COMPLETION:
 TYPE: FITLESS ADAPTOR OTHER
 _____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

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

THE COMPLETED WELL IS?
 YES NO
 A. AT LEAST 5' FROM ANY OVERHANG
 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 _____ FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS

1e53-12

OCT 6 1983

WATER SUPPLY

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top soil	0	1
tan sand & clay	1	8
Fine med. sand	8	14
Fine coarse sand	14	25

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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 COMPANY NAME Delmarva Drilling Company
 SIGNATURE OF DRILLER IN CHARGE [Signature] DATE 10/1/83