

MAIL TO:

STATE OF DELAWARE

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

DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
BE RETURNED 30 DAYS AFTER
CONSTRUCTION DATE

Pf23-04

WELL COMPLETION REPORT

*Met
11/07/90*

PLEASE PRINT

PERMIT NO. 84354 LOCAL ID 14

OWNER George Sherman

CONSTRUCTION DATE 9/26/90

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 _____

ABANDONMENT METHOD _____

DRILLING METHOD

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

TOTAL DEPTH DRILLED 60'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>2'</u>	
CASING BOTTOM	<u>50'</u>	
CASING DIAMETER	<u>4"</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>50'</u>	
SCREEN BOTTOM	<u>60'</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: _____

FROM 0 TO 40 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE N/A FROM _____ TO _____ FEET

GRAVEL PACK: TYPE MORIC #1

FROM 40 TO 60 FEET

STATIC WATER LEVEL: DATE 9/26/90

8 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: 30 FT. BELOW GRADE

AFTER 1 HOURS AT 75 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE GRUNDFOS

RATED CAPACITY (GPM) 10

PUMP INTAKE SETTING 30 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 120' FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN

ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

[Handwritten signature]

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>Top soil</u>	<u>0</u>	<u>1</u>
<u>Janward w/ white clay</u>	<u>1</u>	<u>12</u>
<u>med. tan sand</u>	<u>12</u>	<u>38</u>
<u>med coarse tan sand</u>	<u>38</u>	<u>60</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Delmarva Drilling Co.

SIGNATURE OF DRILLER IN CHARGE: Thelma R. Bell DATE 9/26/90