

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 21 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT *PF44-02*

PLEASE PRINT

PERMIT NO. *63704* LOCAL ID *SL-1*

OWNER *S.L. Eng - Adcock Inc*

CONSTRUCTION DATE _____

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 _____

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<i>4.0'</i>	
CASING BOTTOM	<i>12.0'</i>	
CASING DIAMETER	<i>4.0"</i>	<i>4.0"</i>
CASING MATERIAL	<i>4.0"</i>	<i>4.0"</i>

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<i>12.0'</i>	
SCREEN BOTTOM	<i>15.0'</i>	
SCREEN DIAMETER	<i>4.0"</i>	<i>4.0"</i>
SCREEN MATERIAL	<i>4.0"</i>	<i>4.0"</i>

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 *1-22-02*

_____ 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 5' FROM ANY OVERHANG	<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
<i>REDDISH BROWN M-C SAND</i>	<i>0</i>	<i>15.0'</i>
<i>TAN M-C SAND TRACE GRAVEL</i>	<i>15.0'</i>	<i>21.0'</i>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME _____

SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____