

**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 30 DAYS AFTER  
CONSTRUCTION DATE

**WELL COMPLETION REPORT**

PLEASE PRINT

PERMIT NO. 7348 LOCAL ID Ph22-10

OWNER Us Cal. Survey

CONSTRUCTION DATE 4-20-88  
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 20

**CASING SEQUENCE**

INNER	OUTER
0'	
10'	
PVC	

**SCREEN SEQUENCE**

INNER	OUTER
10'	
13'	
2"	
PVC	

WRITTEN APPROVAL FOR SCREENING/  
GRAVEL PACKING MORE THAN ONE AGU-  
IFER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT  BENTONITE CLAY   
OTHER: \_\_\_\_\_  
FROM 0 TO 9 FEET  
NON-GROUT BACKFILL OF WELL ANNULUS  
TYPE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ FEET  
GRAVEL PACK: TYPE Silica  
FROM 9 TO 13 FEET  
STATIC WATER LEVEL: DATE 4-20-88  
6 FT. (Below) above) GROUND SURFACE  
PUMPING WATER LEVEL: N/A FT. BELOW GRADE  
AFTER \_\_\_\_\_ HOURS AT \_\_\_\_\_ GPM.

**WELL HEAD COMPLETION:**  
TYPE: PITLESS ADAPTOR   
OTHER  PVC CAP  
0 INCHES ABOVE GRADE.

**TYPE OF PERMANENT PUMP INSTALLED:**

PUMP MANUFACTURE N/A  
RATED CAPACITY (GPM) \_\_\_\_\_  
PUMP INTAKE SETTING \_\_\_\_\_ 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 > 1000' 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
<u>br-or cly sd</u>	<u>0</u>	<u>5</u>
<u>gr m sd</u>	<u>5</u>	<u>10</u>
<u>4 ton m-c sandst</u>	<u>10</u>	<u>20</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES  NO   
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COMPANY NAME \_\_\_\_\_  
SIGNATURE OF DRILLER IN CHARGE: Robert C. Kowalski DATE 5/24/88