

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. 156904 LOCAL ID 101

OWNER Shookley, Edward

CONSTRUCTION DATE April 20 - 84  
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 Drill

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

TOTAL DEPTH DRILLED 40 ft

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	57			
CASING BOTTOM	26			
CASING DIAMETER				
CASING MATERIAL	PC			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	26			
SCREEN BOTTOM	2			
SCREEN DIAMETER				
SCREEN MATERIAL	PC			

WRITER APPROVAL FOR SCREENING  
GRAVEL, RECOMMENDED MORE THAN ONE SIZE  
MUST BE OBTAINED FROM PERMITS

GROUT TYPE: CEMENT  BENTONITE CLAY

OTHER: FROM 3 TO 15 FEET

NON-GROUT BACKFILL OF WELL ANNULUS  
TYPE Subsolum FROM 15 TO 26 FEET

GRAVEL PACK TYPE Sub FROM 26 TO 40 FEET

STATIC WATER LEVEL DATE 4-30-84

12 FT. BELOW GROUND SURFACE

PUMPING WATER LEVEL 12 FT. BELOW GRADE  
AFTER 2 HOURS AT 15 GPM

WELL HEAD COMPLETE:

TYPE: FITLESS ADAPTOR

OTHER  12 INCHES ABOVE GRADE

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE P  
RATED CAPACITY (GPM) 7  
PUMP INTAKE SETTING 7 FT. BELOW GRADE  
THE COMPLETED WELL IS?

A. AT LEAST 5' FROM ANY OVERHANG YES  NO   
B. AT LEAST 50' FROM ANY SEPTIC TANK YES  NO   
C. AT LEAST 10' FROM TOWN SEWER LINE YES  NO   
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD YES  NO

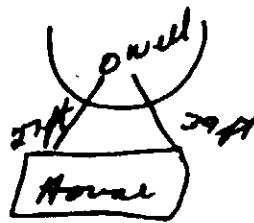
THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD  CESSPOOL OR PRIVY

IS 222-06 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

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Topsoil	0	1
white clay	1	8
white sand	8	15
Tan Sand	15	40

SUPPLEMENTAL DRILLERS LOG ATTACHED YES  NO

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COMPANY NAME Septic Well Drilling

SIGNATURE OF DRILLER [Signature] DATE