

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

PLEASE PRINT

PERMIT NO. 63702 LOCAL ID LL-2

OWNER S.C. Eng - Laurel Landfield

CONSTRUCTION DATE 1-9-86
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 N/A
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>+2.0'</u>	
CASING BOTTOM	<u>36.0'</u>	
CASING DIAMETER	<u>2.0"</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>36.0'</u>	
SCREEN BOTTOM	<u>41.0'</u>	
SCREEN DIAMETER	<u>2.0"</u>	
SCREEN MATERIAL	<u>PVC</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY
OTHER: _____
FROM 0 TO 4 FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE _____ FROM _____ TO _____ FEET
GRAVEL PACK: TYPE _____
FROM _____ TO _____ FEET
STATIC WATER LEVEL: DATE 1-9-86
4 FT. (Below, above) GROUND SURFACE
PUMPING WATER LEVEL: _____ FT. BELOW GRADE
AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
OTHER PVC CAP
4 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 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 7 FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN
ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

*QC34-03
LAU*

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
REDDISH BROWN M. SAND	0	1'
BLACK F-M SAND SLIGHT ORGANIC COND	1'	2'
GRAY F-M SAND	2'	9.5'
GRAY SILTY CLAY W/ SOME F. SAND	9.5'	15.0'
GRAY F. SAND	15.0'	19.0'
BROWN F. SAND W/ SILT	19.0'	34.0'
OLIVE F. SAND W/ SILT	34.0'	39.0'
BROWN F-M SAND	39.0'	59.5'

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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COMPANY NAME DGS
SIGNATURE OF DRILLER IN CHARGE Robert F. Danks DATE 1-16-86