

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

PLEASE PRINT

WELL COMPLETION REPORT

PERMIT NO: 74764 LOCAL ID: _____

OWNER: Kenneth Hastings

CONSTRUCTION DATE: 7-6-85
 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 SETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____

TOTAL DEPTH DRILLED: 100

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>8'0"</u>	
CASING BOTTOM	<u>8'0"</u>	
CASING DIAMETER	<u>6"</u>	
CASING MATERIAL	<u>plastic</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>6'0"</u>	
SCREEN BOTTOM	<u>1'0"</u>	
SCREEN DIAMETER	<u>6"</u>	
SCREEN MATERIAL	<u>plastic</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER _____

FROM 8'0" TO 7' FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK TYPE: open

FROM 8'0" TO 1'0" FEET

STATIC WATER LEVEL DATE _____

5 FT (below, above) GROUND SURFACE

PUMPING WATER LEVEL _____ FT BELOW GRADE

AFTER 2 HOURS AT 50 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?

- A. AT LEAST 15' FROM ANY FOUNDATION 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 200 FEET FROM COMPLETED WELL
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES NO
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS _____

OC 43-05

RECEIVED
 OCT 28 1985

WATER SUPPLY

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top sand	0'	10'
yellow sand	10'	20'
grey sand	20'	30'
clay	30'	40'
white sand	40'	50'
tan & orange sand	50'	60'
tan coarse sand	60'	100'

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

PAGE 1 OF _____ PAGES YES TO

COMPANY NAME _____

SIGNATURE OF DRILLER: [Signature] DATE _____

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FILE

HALL OF RECORDS - DOV