

MAIL TO:  
 WATER SUPPLY BRANCH  
 DIVISION OF ENVIRONMENTAL CONTROL  
 P.O. BOX 340  
 DOVER, DELAWARE 19901

STATE OF DELAWARE  
 DEPARTMENT OF NATURAL RESOURCES  
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 61530 DATE 10/1

OWNER Allen, Eddie

CONSTRUCTION DATE 7-9-85  
 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  JETTED  AIR ROTARY  
 MUD ROTARY  REVERSE  WASHED  
 OTHER (Specify) \_\_\_\_\_

TOTAL DEPTH DRILLED 80

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	<u>1</u>			
CASING BOTTOM	<u>30</u>			
CASING DIAMETER	<u>9</u>			
CASING MATERIAL	<u>PVC</u>			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	<u>30</u>			
SCREEN BOTTOM	<u>80</u>			
SCREEN DIAMETER	<u>9</u>			
SCREEN MATERIAL	<u>PVC</u>			

WRITTEN APPROVAL FOR SCREENING  
 GRAVEL PACKING MORE THAN ONE FOOT  
 DEPTH MUST BE OBTAINED FROM DNR/C

GROUT TYPE CEMENT  BENTONITE CLAY

OTHER FROM 3 TO 80 FEET

NON-GROUT BACKFILL OF WELL ANNULUS  
 TYPE Gravelly Sand FROM 20 TO 30 FEET

GRAVEL PACK TYPE FROM 30 TO 80 FEET

STATIC WATER LEVEL DATE 7-9-85  
13 FT  BELOW GROUND SURFACE

PUMPING WATER LEVEL 15 FT BELOW GRADE  
 AFTER 5 HOURS AT 75 GPM

WELL HEAD COMPLETION

TYPE PITLESS ADAPTOR

OTHER  12 INCHES ABOVE GRADE

TYPE OF PERMANENT PUMP INSTALLED

PUMP MANUFACTURER 7  
 RATED CAPACITY (GPM) \_\_\_\_\_  
 PUMP INTAKE SIZING \_\_\_\_\_ 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 TILL FIELD YES  NO

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TANK FIELD CESSPOOL OR POND

IS \_\_\_\_\_ FROM COMPLETED WELL

IS COMPLETED WELL LOCATED AS SHOWN

ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS

RECEIVED

OCT 10 1985

WATER SUPPLY

0d14-01

DRILLERS LOG DESCRIPTION TOP OF STRATA

<u>Topsoil</u>	<u>0.1</u>
<u>Thin Sand</u>	<u>1.15</u>
<u>Course Thin Sand</u>	<u>15.50</u>
<u>Course White Sand</u>	<u>50.80</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES

PAGE 1 OF \_\_\_\_\_

COMPANY NAME Edgeton Logging Service

SIGNATURE OF DRILLER [Signature]