

MAIL TO:  
 WATER SUPPLY BRANCH  
 DIVISION OF WATER RESOURCES  
 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. 16-5278 LOCAL ID \_\_\_\_\_

OWNER Dickman, Robert

CONSTRUCTION DATE 6-16-86  
 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 \_\_\_\_\_  
 ABANDONMENT METHOD \_\_\_\_\_

DRILLING METHOD  
 AUGERED  BORED  CABLE TOOL  
 DRIVEN  JETTED  AIR ROTARY  
 MUD ROTARY  REVERSE  WASHED  
 OTHER (Specify) \_\_\_\_\_  
 TOTAL DEPTH DRILLED 61

CASING SEQUENCE

DEPTH	MATERIAL
+2	
-45	
	PVC

SCREEN SEQUENCE

DEPTH	MATERIAL
-45	
-53	
	PVC

GROUP TYPE: CEMENT  BENTONITE CLAY   
 OTHER: \_\_\_\_\_  
 FROM 0 TO 20 FEET  
 NON-GROUT BACKFILL OF WELL ANNULUS  
 TYPE SAND FROM 20 TO 35 FEET  
 GRAVEL PACK: TYPE 22  
 FROM 35 TO 57 FEET  
 STATIC WATER LEVEL: DATE 6/16/86  
12 FT. (above) GROUND SURFACE  
 PUMPING WATER LEVEL: 21 FT. BELOW GRADE  
 AFTER 22 HOURS AT 50 GPM.

WELL HEAD COMPLETION:  
 TYPE: FITLESS ADAPTOR   
 OTHER  \_\_\_\_\_  
12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE Amplas  
 RATED CAPACITY (GPM) 30  
 PUMP INTAKE SETTING 30 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)  
 TILE FIELD  CESSPOOL OR PRIVY  
 IS 100 FROM COMPLETED WELL.  
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?    
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

**Qd23-10**  
 RECEIVED  
 OCT 15 1986  
 WATER SUPPLY

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	1
Thin Fines - med Sand	1	10
Thin Fines - med Sand	10	24
Thin Fines - coarse Sand	24	58
Gray Clay, Fine Sand	58	61

SUPPLEMENTAL DRILLERS LOG ATTACHED YES  NO   
 PAGE 1 OF \_\_\_\_\_ PAGES  
 COMPANY NAME AWWS  
 SIGNATURE OF DRILLER IN CHARGE \_\_\_\_\_ DATE 10/2/86

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Project \_\_\_\_\_  
 Design \_\_\_\_\_  
 Design \_\_\_\_\_  
 I hereby certify \_\_\_\_\_  
 Date \_\_\_\_\_  
 No Water  
 Water C  
 From Title