

MAIL TO:

OFFICE 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

Law
 E1-40'
 Q052-09

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 78054 LOCAL ID _____

OWNER R + S, Inc -
Scottsdale Mobile Home Park

CONSTRUCTION DATE 9/22/89
 PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION 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 70

CASING SEQUENCE

INNER	OUTER
	1
	60
	4
	PC

CASING TOP _____
 CASING BOTTOM _____
 CASING DIAMETER _____
 CASING MATERIAL _____

SCREEN SEQUENCE

INNER	OUTER
	60
	70
	4
	PC

SCREEN TOP _____
 SCREEN BOTTOM _____
 SCREEN DIAMETER _____
 SCREEN MATERIAL _____

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____
 FROM 3 TO 60 FEET

NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE Broken
 FROM 60 TO 70 FEET

STATIC WATER LEVEL: DATE 9/22/89
10 FT. (Below/above) GROUND SURFACE

PUMPING WATER LEVEL: _____ FT. BELOW GRADE
 AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER MP
30 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____
 RATED CAPACITY (GPM) _____
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

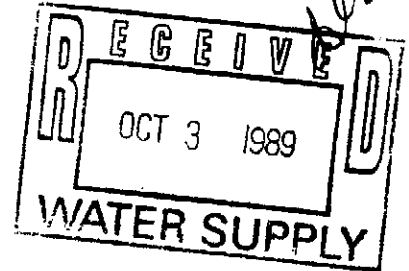
- | | YES | NO |
|--|-------------------------------------|--------------------------|
| A. AT LEAST 15' FROM ANY FOUNDATION | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. AT LEAST 50' FROM ANY SEPTIC TANK | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. AT LEAST 10' FROM TOWN SEWER LINE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC 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.



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
SAND	1	10
"	10	20
"	30	30
CLAY	30	40
"	40	50
SAND	50	60
SANDY GRAVEL	60	70

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Wooters Well Drill

SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____