

MAIL TO:

STATE OF DELAWARE

QF53-07

http://www.dnrec.state.de.us/

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

APPLICATION MUST BE SUBMITTED
AND PERMIT RECEIVED BEFORE
DRILLING IS STARTED.

APPLICATION FOR A PERMIT
TO CONSTRUCT A WELL

- OFFICIAL USE ONLY -

PHONE: 302-739-3665
FAX: 302-739-7764

PAGE # 4 OF 4 PAGES
PERMIT NO: 208205 325 W

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE TYPE OR PRINT - USE BLUE OR BLACK INK ONLY

Property Owner: Charles + Tammy Duvall
Address: 16800 Cream Rd
City: Upper Marlboro State: MD Zip: 20772
Telephone Number: 301 888 1829
Licensed Preparer/WC: B+B Mechanical Inc.
Lic. #: 600 Date of Application: 1-5-05
Estimated Construction Date: 1-15-05

PURPOSE: Test Permanent Temporary for Well Construction

USE: Domestic Irrigation
 Industrial Agricultural
 Public Heat Pump Supply
 Miscellaneous Public Heat Pump Recharge
 Other (Specify): Closed Loop Heat Pump

Is this a replacement well? NO YES (Reason):

Is public water available? NO YES (Utility):

On public sewage? YES OR Septic system permit #: 204474-5

PROPOSED WELL CONSTRUCTION:

	Inner Casing	Outer Casing
Approximate total depth:	<u>60'</u> ft.	ft.
Casing top (above grade):	<u>8"</u> in.	in.
Casing bottom (below grade):	<u>50'</u> ft.	ft.
Casing diameter:	<u>4"</u>	
Casing material:	<u>PVC</u>	
Proposed screen setting: <u>50'</u> ft. TO: <u>60'</u> ft. Material: <u>PVC</u>		
Type of Grout: <u>Bent</u> From: <u>0</u> To: <u>40'</u>		
Gravel pack: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES From: <u>50'</u> To: <u>60'</u>		
Maximum capacity: <u>15</u> (GPM) Max. Daily Withdrawal: <u>360</u> (GPD)		

Will the operation of this well by itself or in combination with any other well(s), owned or operated by the permittee, withdraw greater than 50,000 gallons in any 24 hr. period? NO YES

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Licensed Preparer / Water Well Contractor [Signature] Date

Signature - Property Owner [Signature] Date

Please release the contractor's copy of the permit and the well tag to the water well contractor noted on this application:

YES NO

LOCATION MAP - ROAD MAP

County: New Castle Kent Sussex

Subdivision: _____

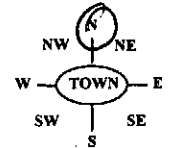
Lot #: _____ ADC Map Grid: _____

Tax Map/Parcel #: 3-33-7-1.01

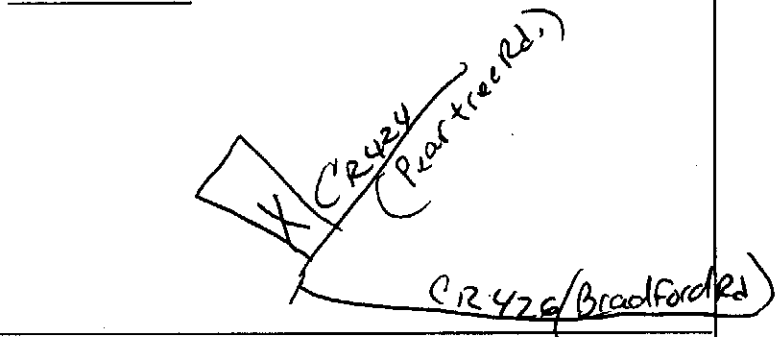
Name of Nearest Town: Gumboro

Distance to Nearest Town: 2 miles

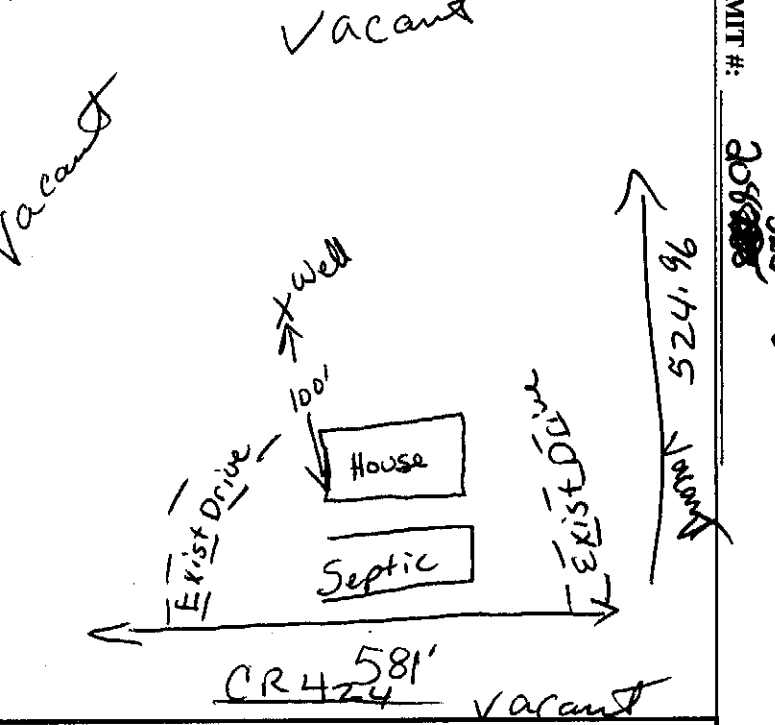
DIRECTION OF WELL FROM TOWN (CIRCLE DIRECTION)



Draw a sketch below showing location of well in relation to at least two county or state roads, give distance from well site to nearest road junction and SHOW A NORTH ARROW.



Site Plan - Include lot size and dimensions, distances from well to house, property lines, nearest road, and all nearby septic systems (include suitable plot plan if available).



PERMIT #:

208205 325 W

- FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -

Received By: **RECEIVED** Modified Grid: 142-058 DRBC: YES NO X-Coord: 203853
Amount: JAN 10 2005 Drainage Basin: 313 H₂O Utility: _____ Y-Coord: 56850.8
Date: _____ Quad: Marlboro Flood Zone/Coastal: _____ DOT #: NO

WATER SUPPLY

Canary - Work Pink - Owner

Doc No. 40-08/85/05/01-EC 2

MAIL TO:

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE
RETURNED WITHIN 30 DAYS OF
CONSTRUCTION.

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3663
FAX: 302-739-2296

WELL COMPLETION REPORT

PAGE 1 OF 2 PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT NO. <u>208325</u>	LOCAL ID _____	WELL CONSTRUCTION METHOD		
TAX MAP # <u>3-33-7-1.01</u>	PROPERTY OWNER <u>CHARLES & TAMMY DOVALL</u>	<input type="checkbox"/> AUGERED	<input type="checkbox"/> BORED	<input type="checkbox"/> CABLE TOOL
WELL CONTRACTOR <u>B & B MECH.</u>	LIC# <u>600</u>	<input checked="" type="checkbox"/> DRIVEN	<input type="checkbox"/> JETTED	<input type="checkbox"/> AIR ROTARY
CONSTRUCTION DATE <u>1/13/05</u>		<input checked="" type="checkbox"/> MUD ROTARY	<input type="checkbox"/> REVERSE	<input type="checkbox"/> WASHED
		<input type="checkbox"/> OTHER _____ (Specify)		
		TOTAL DEPTH OF EXCAVATION: <u>60'</u>		

CASING INSTALLATION		INNER CASING(S)		OUTER CASING	
CASING TOP	<u>8" ABOVE GRADE</u>	_____	_____	_____	_____
CASING BOTTOM	<u>55'</u>	_____	_____	_____	_____
CASING DIAMETER	<u>4"</u>	_____	_____	_____	_____
CASING MATERIAL	<u>PVC</u>	_____	_____	_____	_____

SCREEN INSTALLATION		INNER CASING(S)		OUTER CASING	
SCREEN TOP	<u>55'</u>	_____	_____	_____	_____
SCREEN BOTTOM	<u>60'</u>	_____	_____	_____	_____
SCREEN DIAMETER	<u>4"</u>	_____	_____	_____	_____
SCREEN MATERIAL	<u>PVC</u>	_____	_____	_____	_____

GRAVEL PACK FROM 55' TO 60' FEET

GROUT TYPE: CEMENT (c) BENTONITE CLAY (b)

OTHER (o) _____

FROM 0 (ft.) TO 40 FROM _____ (ft.) TO _____ FEET

NON-GROUT BACKFILL OF WELL ANNULUS /
TYPE SAND FROM 40' TO 55'

STATIC WATER LEVEL OF (DATE) 1/13/05
5'9" FT. (Below, Above) GROUND SURFACE

PUMPING WATER LEVEL OF (DATE) 20
AFTER 2 HOURS AT 75 GPM.

WAS A GEOPHYSICAL LOG TAKEN? YES NO

WELL HEAD COMPLETION:
TYPE: PITLESS ADAPTER STANDARD "T"
 WELL PIT PAD MOUNT
 OTHER _____

8 INCHES ABOVE GRADE

WAS THE WELL TAG ATTACHED? YES NO
IF "NO," EXPLAIN _____

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE N/A

RATED CAPACITY (GPM) N/A

PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE LOCATION AND CONSTRUCTION OF THIS WELL IS IN COMPLIANCE WITH ALL PERMIT CONDITIONS AND WITH ALL APPLICABLE WELL CONSTRUCTION REGULATIONS. YES NO

If "no," attach a copy of the approved well permit which has the revised location clearly marked.

NOTE: Completed Formation Log must be attached.

COMMENTS: _____

RECEIVED

FEB 14 2005

WATER SUPPLY

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Steve Delano
Signature of Well Driller in Charge

723 License# 1/18/05 Date

PERMIT NO.

