

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

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 92094 LOCAL ID _____

OWNER Vlastic Foods

CONSTRUCTION DATE 10/13/92

PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) Stand By - Back up Well

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 105

CASING SEQUENCE

INNER	OUTER
2'	
71	
4"	
PVC	

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

SCREEN SEQUENCE

INNER	OUTER
71	
101	
4"	
PVC	

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 0 TO 50 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE moist

FROM 50 TO 105 FEET

STATIC WATER LEVEL: DATE 10/13/92

16 FT. (Below above) GROUND SURFACE

PUMPING WATER LEVEL: 25 FT. BELOW GRADE

AFTER 2 1/2 HOURS AT 50 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER Discharge Above Ground.
2 1/2 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE Gould's
 RATED CAPACITY (GPM) 70
 PUMP INTAKE SETTING 6.3 FT. BELOW GRADE

THE COMPLETED WELL IS?

- YES NO
- A. AT LEAST 15' FROM ANY FOUNDATION
- 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)

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.

RECEIVED
 FEB 04 1993
WATER SUPPLY

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
top soil	0	1
clay	1	12
tan fine to coarse with gravel	12	26
tan fine to coarse	26	35
tan fine to coarse with gravel	35	61
gray clay	61	63
tan fine to coarse with gravel	63	102
gray clay	102	105

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME American Water Well Systems, Inc.

SIGNATURE OF DRILLER IN CHARGE: Calvin Wallace DATE _____