

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. 71277 LOCAL ID 3DT

OWNER UAD Ag Engineering

CONSTRUCTION DATE _____
 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 N/A
 ABANDONMENT METHOD _____

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 9.7

CASING SEQUENCE

CASING TOP
 CASING BOTTOM
 CASING DIAMETER
 CASING MATERIAL

INNER	OUTER
<u>+2.0'</u>	
<u>6.0'</u>	
<u>1.25"</u>	
<u>PVC</u>	

SCREEN SEQUENCE

SCREEN TOP
 SCREEN BOTTOM
 SCREEN DIAMETER
 SCREEN MATERIAL

INNER	OUTER
<u>6.0'</u>	
<u>3.5'</u>	
<u>1.25"</u>	
<u>PVC</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 5.5 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE COLLAPSE FROM 4.5 TO 9.7 FEET
 GRAVEL PACK: TYPE N/A
 FROM _____ TO _____ FEET
 STATIC WATER LEVEL: DATE 10/7/87
10 FT. (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL: 1/4 FT. BELOW GRADE
 AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER PVC CAP
2 1/2 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
 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 _____ FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

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DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>DK. BRN. SANDY SILT.</u>	<u>0</u>	<u>2.0'</u>
<u>ORANGE YELLOW M. SAND</u>	<u>2.5'</u>	<u>4.0'</u>
<u>DK. GRAY - BROWN F.F. SAND</u>	<u>4.0'</u>	<u>7.0'</u>
<u>DK. GRAY F.F. SAND</u>	<u>7.0'</u>	<u>8.5'</u>
<u>DK. GRAY CLAYEY SILT. w/ shell</u>	<u>8.5'</u>	<u>9.7'</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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 COMPANY NAME DGS
 SIGNATURE OF DRILLER IN CHARGE: _____ DATE 10/7/87