

MAIL TO:
 WATER SUPPLY BRANCH
 DIVISION OF WATER RESOURCES
 P.O. BOX 1401
 DOVER, DELAWARE 19903

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
 BE RETURNED WITHIN 30 DAYS
 AFTER CONSTRUCTION DATE.

MONITOR / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE

PERMIT NO. 103517 LOCAL ID 451
 Owner Delaware DE
 Address _____
 City DOVER State DE Zip 19716
 Telephone Number 301-2303
 Consulting Firm/Supervising Geologist (If applicable)
DGS / A.S. ADKES
 Telephone Number _____
 Well Contractor DGS
 Date of Completion 1-22-95
 Name of DNREC Contact Person S. VENABLES
 Drilling Method HSA

IS COMPLETED WELL LOCATED AS SHOWN ON
 APPLICATION FORM? YES [] NO [X]
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

3832 32
75 19 01
12/31/93

WELL CONSTRUCTION

Total depth drilled: 15
 Depth to water 1.79
 Surveyed Top of Casing Elevations
 Inner _____ Outer _____ Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	<u>0</u>	
Casing bottom	<u>5</u>	
Casing diameter	<u>2</u>	
Casing material	<u>PVC</u>	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	<u>5</u>	
Screen bottom	<u>10</u>	
Screen diameter	<u>2</u>	
Screen material	<u>PVC</u>	

Type of Grout SEPT from 0 to 3
 Gravel pack interval from 2 to 10
 Aquifer/Formation screened in: _____
 Type of samples (ditch, split spoon, etc.)
1 - 2 - FINE

Samples Logged By: A.S. ADKES
 (Name)
DGS
 (Title) (Company)

Well Drilled By: DGS
 (Company Name)

 (Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
TPSL SD fine city	<u>0</u>	
SD fine city	<u>0.8</u>	
SD fine city	<u>0.8</u>	
Cly. Mottled clay		<u>1.3</u>
SD fine city	<u>1.3</u>	
SD fine city	<u>1.8</u>	
SD fine city	<u>1.8</u>	
SD fine city	<u>4.5</u>	<u>4.5</u>
SD fine city	<u>4.5</u>	
SD fine city		<u>8</u>
SD fine city	<u>8</u>	
SD fine city	<u>11</u>	<u>11</u>
SD fine city	<u>11</u>	
SD fine city		<u>13</u>
SD fine city	<u>13</u>	
SD fine city		<u>14.5</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES [] NO [X]
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