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. 103541 LOCAL ID MC4S
Owner UNIV OF DEL
Address
City NEWARK State DE Zip 19716
Telephone Number 831-2833
Consulting Firm/Supervising Geologist (If applicable)
DGS / A.S. ANDRES
Telephone Number
Well Contractor DGS
Date of Completion 4.13.95
Name of DNREC Contact Person J VENABLES
Drilling Method HSA

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [✓] NO [ ]
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
LAT 38 32 24
LON 75 18 48
Qg 32-04

WELL CONSTRUCTION

Total depth drilled: 10
Depth to water 3.60
Surveyed Top of Casing Elevations
____ Inner ____ Outer Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	0	
Casing bottom	4.5	
Casing diameter	2	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	4.5	
Screen bottom	9.5	
Screen diameter	2	
Screen material	PVC	

Type of Grout BENT from 0 to 3.5
Gravel pack interval from ____ to ____
Aquifer/Formation screened in:
Type of samples (ditch, split spoon, etc.)
AUGER FLITE

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

Well Drilled By: DGS (Company Name)

[signature] 5/8/95
(Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
SEE 103514		

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [ ]
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White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor

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