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. 103526 LOCAL ID MS10
Owner U of Delaware
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 6.7.95
Name of DNREC Contact Person B. Vennables
Drilling Method Hand Auger

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

Qg32-11
LAT 383223
LON 751843
MAP EL 42

WELL CONSTRUCTION

Total depth drilled: ~~7.5~~ 6.1
Depth to water 3.16 ~~2.0~~ below land surface
Surveyed Top of Casing Elevations
_____ _____ Ft. above Sea Level
Inner *Outer*

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	~~7.5~~ ~~2.7~~	0
Casing bottom	~~7~~ ~~2~~	2.7
Casing diameter	2	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	~~7~~ 2.7	
Screen bottom	~~7.5~~ 6	
Screen diameter	2	
Screen material	PVC	

Type of Grout BENT from 0 to 2.0
Gravel pack interval from 2.0 to ~~5~~ 5.0
Aquifer/Formation screened in:
Type of samples (ditch, split spoon, etc.) Cuttings

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

Well Drilled By: DGS (Company Name)

[signature] 6/8/95
(Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
TPSL SLT SDy f.m BLK	0	.8
SDf.m SHy to SDf	.8	
+ SLT laminated to Org		
H Gry + H BRN		2
SDf.m to SLt + SDc	2	
H y-BRN hvy mins		4
SDf SHy to SDf.m	4	
tr+ SLt H GRN-GRY		
H y GRY + y-BRN		6
SLT Cly Peaty Mod	6	
BRN-GRY		6.1

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

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