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. 103.523 LOCAL ID MS7

Owner ___

Address ___

City DE___ State DE Zip 19716

Telephone Number 651-2833

Consulting Firm/Supervising Geologist (If applicable)
DGS/ A.S. Andres

Telephone Number ___

Well Contractor DGS

Date of Completion ___

Name of DNREC Contact Person S. Vendues

Drilling Method Hand Auger

WELL CONSTRUCTION

Total depth drilled: 6.2

Depth to water 2.13

Surveyed Top of Casing Elevations

_____ _____ Ft. above Sea Level
Inner *Outer*

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	1	
Casing bottom	2.5	
Casing diameter	2	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	2.5	
Screen bottom	5.8	
Screen diameter	2	
Screen material	PVC	

Type of Grout ___ from 0 to 1.2

Gravel pack interval from 1.2 to 5

Aquifer/Formation screened in: ___

Type of samples (ditch, split spoon, etc.)
___

Samples Logged By: A.S. Andres
(Name)

DGS
(Title) *(Company)*

Well Drilled By: DGS
(Company Name)

___
(Signature of Driller in Charge) *(Date)*

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [✓] NO [ ]

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Q.32-16
38 32 17
75 18 46
___ 38

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
TPSL SD m-f Slty	0	
tr ORG Dk grN		o 8
Fill? SD m-f Slty lt	.8	
BrN-Gry w/ thin bds		
SLT dgy sdy f m Dk brN		1.2
SLT ORG Peaty w/	1.2	
laminae SLT tr SD f		
BLK-b Dk brN		2.3
SD m-f c tr SLT	2.3	2.3
y-brN GRAVEL 1-2.0		2.7
SD f-m tr SLT w/	2.7	
thin bds SLT SDy Peaty		
y brN-Gry, lt Gry		3.3
SD f-m tr SLT w/	3.3	
laminae + thin bds SD m-c		
lt y-brN to lt BrN-Gry		4.7
As above w/ LAMINA	4.7	
SD f tr SLT + Peat		6.2

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [ ]
PAGE 1 OF _____ PAGES