## 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	Ē				
PERMIT NO. 103524 LOCAL ID 458			IS COMPLETED WELL LOCATED AS SHOWN ON		
Owner			APPLICATION FORM? YES [/] NO []		
Address			IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.,		
City Nh Six State IX Zip 1971 6			37-17		
Telephone Number 85/2433			Q32-17		
Consulting Firm/Supervising Geologist (If applicable)			58 52 12 75 18 45		
			}		
Telephone Number			1 aup 4t 34		
Date of Completion					
Name of DNREC Contact Person B. W. WIELE 5			_		
Drilling Method MAND AUGER					
WELL CONSTRUCTION			· ·		
Total depth drilled: 5.7					
Total depth drilled: 5.7  Depth to water 3.2			DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Surveyed Top of Casing Elevations			TEL SDF-A SITY		
Et above Sea Level			to org Buk		09
Inner	Outer		the se proded 57 for	. 9	
<b>*</b>	CARING	SEQUENCE	SHY IL SEN W/ SLT	,	
			SHY IL SEN W/ SLT		
1	Inner casing	Outer casing	Scalled GOX rines.		1.2
Casing top	2.3		CL Sity Fruity Mind &	N. C.F. 1. 2	1.4
Casing bottom				/	
Casing diameter Casing material	PVC		3D m c.f ( 51t	1.4	
Casing material	COPEN C	EOHENCE	DE GEN IN FI DY		
SCREEN SEQUENCE Inner casing Outer casing			*107265		2.8
Camana Asia	? 3	Outer casing	RAT 50/ ( - BAN	7 8	2.5
Screen top Screen bottom	5.40		5D ( , 5H, m 20)	7.	
Screen diameter	7.		SET O HER WAS SO IN	2.9	
Screen material	PVC		it 6py		<u> </u>
bereen material		I	1		i
Type of Grout from from 5 to 1.9  Gravel pack interval from 1.9 to 5			thank, budded Str-Co	3.3	
Aquifer/Formation screened in:			- Le Prat w/ SDF -		3.7
Type of samples (ditch, split spoon, etc.)			- 1 32 % 32 %		<u> </u>
( Since Sinc			50 ( - + SIL IT , 52N	3.7	
				51	5.5
			7	,	
Samples Logged By: A S. A W. C. S. (Name)			- Alberty books SET SOLIC	5.5	
			4-324 SO ( SILL )	1 7 7	
			SD m.c de Sit 1 SLT		
(Title)		(Company)	Cly 12 org		5.7
			<del>- 4</del>		
~~~ <b>c</b>					
Well Drilled By: (Company Name)					
6/8/			SUPPLEMENTAL DRILLERS LOG ATTACHED?		
		O1 ( )	YES[] NO[]		
(Signature of Driller in Charge) (Date)			PAGE 1 OF PAGES		
			<u>i</u>		