

MAIL TO:

WATER SUPPLY SECTION  
DIVISION OF WATER RESOURCES  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901  
PHONE: 302-739-3665  
FAX: 302-739-2296

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL

APPLICATION FOR A PERMIT  
TO CONSTRUCT A WELL

PLEASE TYPE OR PRINT - USE BLUE OR BLACK INK ONLY -  
ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

GENERAL INFORMATION

Property Owner: Murray Brothers  
Address: RD 1 Box 25 State: DE Zip: 19975  
City: Selbyville  
Telephone Number: 302-436-3639  
Application Preparer/WC: As. SCHULTZ OF DE.  
Lic. #: 14 Date of Application: 2-16-2000  
Estimated Construction Date: 2-29-2000  
Purpose:  Test or  Permanent

- Use:
- Domestic
  - Industrial
  - Public
  - Miscellaneous Public
  - Temporary For Well Construction
  - Other (Specify): \_\_\_\_\_
- Irrigation
  - Agricultural
  - Heat Pump Recharge
  - Closed Loop Heat Pump
  - Heat Pump Supply

Is this a replacement well?  NO  YES reason: \_\_\_\_\_  
Is public water available?  NO  YES (Specify): \_\_\_\_\_  
On public sewage:  YES OR  Septic system permit #: N/A

PROPOSED WELL CONSTRUCTION

Inner Casing	Outer Casing
100'	
12"	
20'	
4"	
PVC	

Approximate total depth: \_\_\_\_\_  
Casing top (above grade): \_\_\_\_\_  
Casing bottom (below grade): \_\_\_\_\_  
Casing diameter: \_\_\_\_\_  
Casing material: \_\_\_\_\_  
Tentative screen setting: 20' (top) To: 100'  
Tentative screen length: 80' Material: PVC  
Type of Grout: CLAY From: 0' (top) To: 20'  
Gravel pack:  NO  YES From: 20' To: 100' (GPD)  
Desired capacity: TEST (GPM) Est. Max. Daily Use: \_\_\_\_\_  
Will the operation of this well by itself or in combination with any other well(s) owned or operated by the permittee withdraw greater than 50,000 gallons in any 24 hr. period?  NO  YES

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Application Preparer: Bill Dewey Date: 2-16-00  
Signature - Property Owner: Clifton C Murray Date: 2-16-00

Please release the contractor's copy of the permit and the well tag to the water well contractor.  YES  NO

RECEIVED

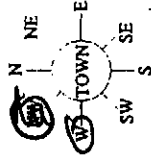
Received By: \_\_\_\_\_  
Amount: FEB 18 2000

Date: \_\_\_\_\_  
WATER SUPPLY

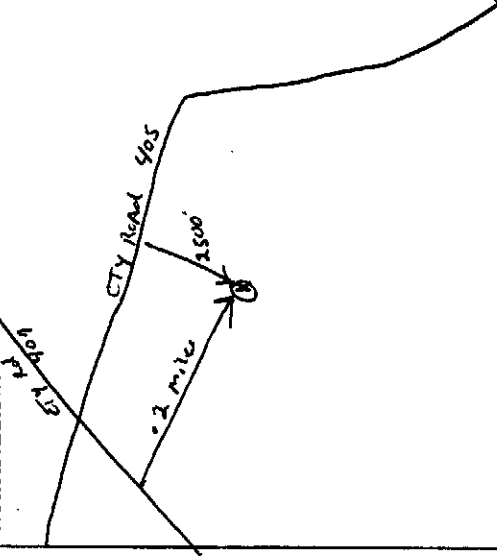
- OFFICIAL USE ONLY -

PAGE # OF PAGES  
PERMIT NO: 170887

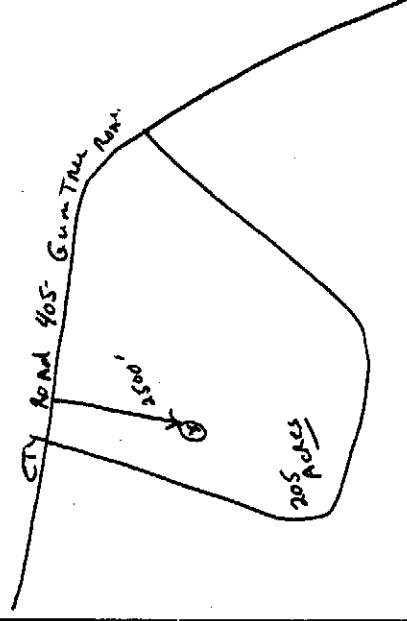
LOCATION MAP - ROAD MAP  
County:  New Castle  Kent  Sussex  
Subdivision: \_\_\_\_\_  
Lot no: \_\_\_\_\_  
Tax Map#: 2-33 10-00 83-00  
Name of nearest town: DAWSON  
Distance to nearest town: 2.5 miles



Draw a sketch below showing location of well in relation to at least two county or state roads, give distance from well site to nearest road junction and show a NORTH ARROW.



Site Plan - Include lot size and dimensions, distances from well to house, property lines, nearest road, and all nearby septic systems (include suitable plot plan if available).



FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Modified Grid: 164-060 DRBC:  YES  NO X-Coord: 2102017  
Drainage Basin: 308 Formation: \_\_\_\_\_ Y-Coord: 597086  
Quadrant: Mulberry Aquifer: \_\_\_\_\_ DOT #: 120

WATER SUPPLY

Canary - Work • Pink - Owner • Goldenrod - Contractor

Doc No. 40-087850501-EC2

9933-04  
http://www.dnrec.state.de.us/

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

Permit Number: \_\_\_\_\_

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT NO. 170887 LOCAL ID TU5#1  
 TAX MAP # 2-33-10-83  
 PROPERTY OWNER Murray Brothers  
 WELL CONTRACTOR ACSD  
 LIC# 14 CONSTRUCTION DATE 3/14/00

WELL CONSTRUCTION METHOD

- AUGERED  
 DRIVEN  
 MUD ROTARY  
 OTHER \_\_\_\_\_ (Specify)
- BORED  
 JETTED  
 REVERSE
- CABLE TOOL  
 AIR ROTARY  
 WASHED

TOTAL DEPTH OF EXCAVATION: 160'

CASING INSTALLATION  
 INNER CASING(S)

CASING TOP	CASING BOTTOM	CASING DIAMETER	CASING MATERIAL	OUTER CASING
<u>+2'</u>	<u>20'</u>	<u>4"</u>	<u>PVC</u>	

SCREEN INSTALLATION  
 INNER CASING(S)

SCREEN TOP	SCREEN BOTTOM	SCREEN DIAMETER	SCREEN MATERIAL
<u>20'</u>	<u>100'</u>	<u>4"</u>	<u>PVC</u>

GRAVEL PACK FROM 18 TO 100 FEET

GROUT TYPE:  CEMENT (c)  BENTONITE CLAY (b)  
 OTHER (o) \_\_\_\_\_

FROM 0 (ft.) TO 18 FROM \_\_\_\_\_ (ft.) TO \_\_\_\_\_ FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

STATIC WATER LEVEL OF (DATE) 12 FT. (Below, Above) GROUND SURFACE 3/14/00

PUMPING WATER LEVEL 15 FT. ON 3/14/00 (DATE)

AFTER 5 HOURS AT \_\_\_\_\_ GPM.

WAS A GEOPHYSICAL LOG TAKEN?  YES  NO

WELL HEAD COMPLETION:

- TYPE:  PITLESS ADAPTER  STANDARD "T"  
 WELL PIT  PAD MOUNT  
 OTHER 4" cap

24 INCHES ABOVE GRADE

WAS THE WELL TAG ATTACHED?  YES  NO  
 IF "NO", EXPLAIN \_\_\_\_\_

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE \_\_\_\_\_  
 RATED CAPACITY (GPM) \_\_\_\_\_  
 PUMP INTAKE SETTING \_\_\_\_\_ FT. BELOW GRADE

THE LOCATION AND CONSTRUCTION OF THIS WELL IS IN COMPLIANCE WITH ALL PERMIT CONDITIONS AND WITH ALL APPLICABLE WELL CONSTRUCTION REGULATIONS.  YES  NO

If "no," attach a copy of the approved well permit which has the revised location clearly marked.

NOTE: Completed Formation Log must be attached.

COMMENTS:

RECEIVED

MAR 24 2000

WATER SUPPLY

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature of Well Driller in Charge

991

License#

Date

3/14/00

WATER SUPPLY SECTION  
 DIVISION OF WATER RESOURCES  
 89 KINGS HIGHWAY  
 DOVER, DELAWARE 19901  
 PHONE: 302-739-3665  
 FAX: 302-739-2296

STATE OF DELAWARE  
 DEPARTMENT OF NATURAL RESOURCES  
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST  
 BE RETURNED WITHIN 30 DAYS OF  
 CONSTRUCTION DATE

**FORMATION LOG**

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT#	LOCAL ID#	TW#	DESCRIPTION	TOP OF STRATA	LIC#	BOTTOM OF STRATA
170887						
PROPERTY OWNER	Murray Brothers					
WELL CONTRACTOR	ACSD					
Top soil				0		1
Tan Fine Sand				1		11
White Fine Sand				11		13
Blueish White Clay				13		21
Med White Sand				21		33
Med-Coarse Gray Sand				33		62
Coarse Tan Sand w/ Gravel #3 & #4				62		82
Med-Coarse Gray Sand				82		95
Gray Clay				95		100

OTHER COMMENTS:

**RECEIVED**  
 MAR 24 2000  
**WATER SUPPLY**



I HEREBY CERTIFY THAT THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

Signature of Well Driller In Charge

991  
 License#

Date

3/14/00

White - DNREC • Canary - Contractor • Pink - Owner