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 WELL COMPLETION REPORT

PLEASE PRINT OR TYPE	
PERMIT NO. 8294 LOCAL ID  Owner Allens Hatchery Znc;  Address L.O. Boy 1300  City Deatord, State Da. Zip 19945  Telephone Number 232-9511  Consulting Firm/Supervising Geologist (If applicable)	IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [ ] NO[ ] IF NO, DESCRIBE LOCATION CHANGE OF OPHER COMMENTS.
Telephone Number  Well Contractor Seign Ville Dilli Date of Completion  Name of DNREC Contact Person  Drilling Method  WELL CONSTRUCTION	Qy34-18
Total depth drilled:	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM  top soul  Acoust mellon 16"  28"  line soul white 28"  105"
CASING SEQUENCE inner casing  Casing top Casing bottom Casing diameter Casing material	Coose soul whit 105" 150"
SCREEN SEQUENCE Inner casing Outer casing Screen top Screen bottom Screen diameter Screen material	
Type of Grout <b>REVIOUTIE</b> from #! to *Y*  Gravel pack interval from	
Samples Logged By:	
Well Drilled By: A was 5 Dain well Dully (Company)	
(Company Name)  13 Lory 9. Dalsay 9-17-90 (Signature of Diller in Charge) (Date)	SUPPLEMENTAL DRILLERS LOG ATTACHED? YES[] NO[ PAGE 1 OF PAGES