

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 ^{#6}

PERMIT NO. 82943 LOCAL ID _____
 Owner Allen's Hattery, Inc.
 Address P.O. Box 1700
 City Seaford, State De Zip 19973
 Telephone Number 732-9511
 Consulting Firm/Supervising Geologist (If applicable)

Telephone Number _____
 Well Contractor George J. Daise Well Drilling
 Date of Completion 8-17-90
 Name of DNREC Contact Person _____
 Drilling Method HOLLOW CORE AUGER

WELL CONSTRUCTION

Total depth drilled: 15'
 Depth to water 4'
 Surveyed Top of Casing Elevations
 _____ Ft. above Sea Level
 Inner _____ Outer _____

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	<u>2'</u>	
Casing bottom	<u>5'</u>	
Casing diameter	<u>2"</u>	
Casing material	<u>PVC</u>	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	<u>5'</u>	
Screen bottom	<u>15'</u>	
Screen diameter	<u>2"</u>	
Screen material	<u>PVC</u>	

Type of Grout BENTONITE from +1 to 4'
 Gravel pack interval from 5' to 15'
 Aquifer/Formation screened in: _____
 Type of samples (ditch, split spoon, etc.)

Samples Logged By: _____
 (Name)

 (Title) (Company)

Well Drilled By: George J. Daise Well Drilling
 (Company Name)
George J. Daise 9-17-90
 (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.

Qg34-20

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
<u>top soil</u>	<u>0</u>	<u>16"</u>
<u>sand yellow</u>	<u>16"</u>	<u>28"</u>
<u>fine sand white</u>	<u>28"</u>	<u>108"</u>
<u>coarse sand white</u>	<u>108"</u>	<u>180"</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES [] NO []
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