OSB 5

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

PERMIT NO. 163816 LOCAL ID OSB 5"
Owner Allen's Hatchery INC.
Address 126N Shipley St
City Seaford State De Zip 19973
Telephone Number 302-629-9163
Consulting Firm/Supervising Geologist (If applicable) N/A
Telephone Number
Well Contractor Daisey's Well Drilling
Date of Completion 6-9-95
Name of DNREC Contact Person Bruce Bagley
Drilling Method Auger

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [✓] NO [ ]
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Q934-25

WELL CONSTRUCTION

Total depth drilled: 5'
Depth to water 4'
Surveyed Top of Casing Elevations
_____ Inner _____2'_____ Outer Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	2"	
Casing bottom	3'	
Casing diameter	2"	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	3'	
Screen bottom	5'	
Screen diameter	2"	
Screen material	PVC	

Type of Grout Bentonite Hole plug from 0' to 3'
Gravel pack interval from 3' to 5'
Aquifer/Formation screened in: Sand
Type of samples (ditch, split spoon, etc.)

Samples Logged By: _____ (Name)
(Title) (Company)

Well Drilled By: Daisey's Well Drilling (Company Name)

Michael G. Daisey 6-9-95
(Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Top Soil	0'	1'
Sand & Clay	1'	3'
Sand	3'	5'

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [✓]
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White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor

DOCUMENT NO. 40-08/87/02/03 - EC 81