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

			4927-CM	1	1 /
PLEASE PRINT OR TYPE					1
PERMIT NO. 287/0 LOCAL ID M. W. 42			IS COMPLETED WELL LOCATED AS SHOWN ON		
Owner Peninsula GENERAL HOSPITAL			APPLICATION FORM? YES [NO []		
Address 100 E. CAROL ST.			IF NO. DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.		
City SALISBURY State M.D. Zip 21801					
Telephone Number 301-548-7142					
Consulting Firm/Supervising Geologist (If applicable)					
Telephone Number MARCOR OF Delmary			NOV -6 1991		
Well Contractor <u>Dennis</u> C. Mooke					
Date of Completion 10 - 9 - 91				1/	
Name of DNREC Contact Person Frank Gavas Drilling Method H. S. A.				,	
WELL CONSTRUCTION					
Total depth drilled:					
Depth to water 4'-4"			DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Surveyed Top of Casing Elevations			0'-1'		344457
33.43 Ft. above Sea Level			1'-3'	TOP SOIL	TOP SOIL
Inner	Outer		3'-5'	6" Top soil	1'-6" SAND
	040000	F01151105	5'-7'	WET SAND	WET SAND
	CASING S		7'-9'	WET SAND	Fine wet sand
д Г	Inner casing	Outer casing			3.4
Casing top	2'				
Casing bottom	4"	124			
Casing diameter	PVC				72
Casing material					
-	SCREEN S				
`r	Inner casing	Outer casing			
Screen top	- 4 /				
Screen bottom	7,,				
Screen diameter	PVC				
Screen material L	CTLAND	<u>-</u> J			1
Type of Grout Cement Min from O to 2					
Gravel pack interval from 9' to 2'					
Aquifer/Formation screened in:					
•					
Type of samples (ditch, split spoon, etc.) $SpL(J-Spoon-(1-3),(3-5)(5-7)(7-9)$					*
3/10/2	C/ 3/, C3 3/(3 1/)	'(
Samples Logged B	y: Tim Mi	um FORD		<u> </u>	
1 36	(Nan	ne)		****	
AssisTANT OPERATIONS MANAGER (Tule) MARCUR OF Del MARCUA					
(Title)	MANO E	O I (Company)			
	MAKCUK OF	DELMARVA			
	44	_ ,		 	
Well Drilled By:	MARCOR OF L	PELMARVA			
•	(Compa	ny Name)		L.	
			CUDDI DISTRIBUTE	•	
			SUPPLEMENTAL DRILLERS LOG ATTACHED?		
(Signature of Driller in Charge) (Date)			YES[] NO[
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