

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. 103535 LOCAL ID MS 18
 Owner UNIV OF DEL
 Address DEWARK State DE Zip 19716
 City DEWARK State DE Zip 19716
 Telephone Number 831-3833
 Consulting Firm/Supervising Geologist (If applicable)
DGS / A S ANDRES
 Telephone Number _____
 Well Contractor DGS
 Date of Completion 4.26.95
 Name of DNREC Contact Person B VENABLES
 Drilling Method HSA

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

LAT 38 31 47
 LONG 75 19 16
 Q4-06

WELL CONSTRUCTION

Total depth drilled: 14
 Depth to water 4.53
 Surveyed Top of Casing Elevations
 Inner _____ Outer _____ Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	0	
Casing bottom	6.1	
Casing diameter	2	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	6.1	
Screen bottom	9.5	
Screen diameter	2	
Screen material	PVC	

Type of Grout EGENT from 0 to 4
 Gravel pack interval from 4 to 4.5
 Aquifer/Formation screened in: _____

Type of samples (ditch, split spoon, etc.)
AUGER FLUTE

Samples Logged By: A S ANDRES
 (Name)
DGS
 (Title) (Company)

Well Drilled By: DGS
 (Company Name)

[Signature] 5/8/95
 (Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
TPSL SD f-m	0	
Silty organics		
30K		
SD f-m silty	0.7	1.3
y-SEN		
SD f-m TR SIT	1.3	
- c SD y-SEN		5
SD f-m TR SIT	5	
c SD + COAL IT		
GRAY		7.5
SD f-m silty TR CL	7.5	
IT GEN GRAY		8
SD f-m TR SIT	8	
IT GEN GRAY		13
ORGANIC SILT	13	
TR SD f BROWN		14

SUPPLEMENTAL DRILLERS LOG ATTACHED?

YES [] NO [X]

PAGE 1 OF _____ PAGES