## 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 30 DAYS AFTER CONSTRUCTION DATE

MONITOR WELL COMPLETION REPORT

	1 ////
PLEASE PRINT OR TYPE	
PERMIT NO. 7874/ LOCAL ID 6-15 Owner 1950 Fronkford Sewer Reat Address Dox 567 City (20-pelous State 15 Zip 1994) Telephone Number 30 - 742 - 315 Consulting Firm/Supervising Geologist (If applicable) Telephone Number 30 - 742 - 31/5 Well Contractor 50 - 11 1/474 - 10. Date of Completion 6/1/59  WELL CONSTRUCTION Total depth drilled: 0	IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [ ] NO[ ] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
Depth to water 9.78	DRILLERS LOG DESCRIP. TOP OF STRATA   BOTTOM
Surveyed Top of Casing Elevations  1369 Outer Ft. above Sea Level	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM
CASING SEQUENCE	
Casing top Casing bottom Casing diameter Casing material  SCREEN SEQUENCE Inner casing  Screen top Screen bottom Screen diameter Screen material  Type of Grout 12	
Samples Logged By: The Kince  (Name)  (Rule)  Well Drilled By: Couch Cuta (M. 4/3  (Company)  (Date)	SUPPLEMENTAL DRILLERS LOG ATTACHED? YES [ ] NO [ ) PAGE 1 OF PAGES