

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. 110507 LOCAL ID WXD2
 Owner DEL
 Address _____
 City MARK State DE Zip 11714
 Telephone Number 301-2733
 Consulting Firm/Supervising Geologist (If applicable)
DGS / J. ANDRES
 Telephone Number _____
 Well Contractor DGS
 Date of Completion 5-15-95
 Name of DNREC Contact Person B. V. ABLES
 Drilling Method HSA

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

LAT 383504
 LONG 751045
2125-09

WELL CONSTRUCTION

Total depth drilled: 75
 Depth to water 4.68
 Surveyed Top of Casing Elevations
 Inner _____ Outer _____ Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	0	
Casing bottom	42	
Casing diameter	2	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	62	
Screen bottom	67	
Screen diameter	2	
Screen material	PX	

Type of Grout BENT from 0 to 20
 Gravel pack interval from _____ to _____
 Aquifer/Formation screened in: _____
 Type of samples (ditch, split spoon, etc.)
AUGER FLITE 1 8-100

Samples Logged By: J. ANDRES
 (Name)
DGS
 (Title) (Company)

Well Drilled By: DGS
 (Company Name)

[Signature]
 (Signature of Driller in Charge) 5/19/95
 (Date)

DRILLERS LOG DESCRIPT.	TOP OF STRATA	BOTTOM
TRSL SDFm + SET	0	
SDFm Silt y. ben	1	3
SD Pm tr SIT y. ben	3	4
SET clay tr SDF	4	
SD Silt y. ben		13
SD Pm Silt w/ bds	24	
SD Silt y. ben		37
SD Pm tr SIT	13	
SD Silt y. ben		24
SD Pm tr SIT	32	
tr SIT y. ben tr ben		42
SD Silt y. ben	42	
tr SIT y. ben		51
SD Silt y. ben	51	
H BEN - Gray to y. ben		62
SD Silt y. ben	62	
tr SIT H BEN Gray		72
SD Pm tr SIT	72	
H y. Gray ben Gray		75

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES [] NO []
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