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.

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MONITOR / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE	103509				
PERMIT NO. 10351 LOCAL ID WC D4			IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [V] NO [] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.		
Owner Unit of The					
Address					
City Newsek State DE Zip 19716			_ _ _{6,1} = 38 32 39		
Telephone Number			I		
Consulting Firm/Supervising Geologist (If applicable)			LUN 75 11 07		
1.110			- 18 m		
Telephone Number Well Contractor			-		
Date of Completion 5.15.95			-		
Name of DNREC Contact Person B. VerlABLES			•		
Drilling Method HSA			-		
Drilling Method		············	-		
WELL CONSTRUCTION			Qh 34-08		
Total depth drilled: 75			- <u></u>		f DOMINOM
Depth to water			DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Surveyed Top of Casing Elevations Ft. above Sea Level			TESL 3D For		
Inner	Outer Ft. above	Sea Level	(n.m. (f)	,	4,5
				1.5	
	CASING S	EQUENCE	to DK BRY		_3
	Inner casing	Outer casing	3D1 + SLT 4-32N	-	
Casing top	0				4
Casing bottom	62		CL Bly Brosy	4	
Casing diameter	1.25		CL + SPEIL GLERY	ð	10
Casing material	PK		SUT + Df WE WAN -GR	/ 10	47
SCREEN SEQUENCE			1 -73 6/24	11	16.5
	Inner casing	Outer casing	SDF-m Ry SRN	16.5	19.3
[c[62	Outer casing	30 F. A. SCT	19.5	*) *
Screen top Screen bottom	107		40 BRN-684		25
	1.75		30 fe 5/1, +5 tr	25	<u> </u>
Screen diameter	F/C		2) \$ 10' 4 3 RM		32
Screen material l	⊱ 4. 7		Side of the Sit Hard	32	* * * *
T C	ice ST from	<u>O to 20</u>	F-m' your un-sen	7.44	44
Cress lands in the	Ironi		SOCIAL WORK	44	
Gravel pack interval fromto				, ,	77
Aquifer/Formation screened in:			To SD on f to Sity	4/	
Type of samples (ditch, split spoon, etc.)			1		(mc \
				60	(00)
			T 11 08 800 4.524	160	
Samples Logged By: (Name)			1	72	72
(Name)			SUC-m to GRUF -	14	
			y-0R		/0
76S				 	
(Title)		(Company)			
<u>.</u>					
Wall Deillod Ben. 265					
Well Drilled By: (Company Name)			-		
(Signature of Driller in Charge) (Date)			SUPPLEMENTAL DRILLERS LOG ATTACHED? YES[] NO[] PAGE 1 OF PAGES		