

Qh54-09
 MAIL TO: [Signature]
 WATER SUPPLY BRANCH
 DIVISION OF ENVIRONMENTAL CONTROL
 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

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 110871 LOCAL ID _____
 OWNER Mack McLary
 CONSTRUCTION DATE 2/25/97
 PURPOSE: TEST PERMANENT
 USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) _____
 IS THIS A REPLACEMENT WELL? YES NO
 ABANDONMENT DATE FOR OLD WELL _____
 ABANDONMENT METHOD _____

DRILLING METHOD
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 75

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>2</u>	
CASING BOTTOM	<u>65</u>	
CASING DIAMETER	<u>4</u>	
CASING MATERIAL	<u>pc</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>65</u>	
SCREEN BOTTOM	<u>75</u>	
SCREEN DIAMETER	<u>2</u>	
SCREEN MATERIAL	<u>pc</u>	

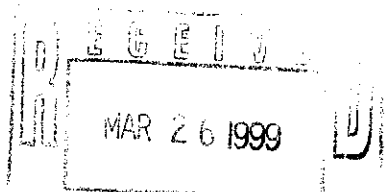
WRITTEN APPROVAL FOR SCREENING/
 GRAVEL PACKING MORE THAN ONE AQU-
 IFER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 65 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE _____ FROM _____ TO _____ FEET
 GRAVEL PACK: TYPE Aggregat sand
 FROM 65 TO 70 FEET
 STATIC WATER LEVEL: DATE 2/25/97
17 FT. (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL: 17 FT. BELOW GRADE
 AFTER 2 HOURS AT 50 GPM.

WELL HEAD COMPLETION:
 TYPE: PITLESS ADAPTOR
 OTHER _____
2 1/2 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:
 PUMP MANUFACTURE Goell
 RATED CAPACITY (GPM) 25
 PUMP INTAKE SETTING 50 FT. BELOW GRADE
THE COMPLETED WELL IS?
 YES NO
 A. AT LEAST 15' FROM ANY FOUNDATION
 B. AT LEAST 50' FROM ANY SEPTIC TANK
 C. AT LEAST 10' FROM TOWN SEWER LINE
 D. AT LEAST 100' FROM THE NEAREST EDGE
 OF ANY TILE FIELD
THE NEAREST NEIGHBORS (CIRCLE ONE)
 SEPTIC TILE FIELD CESSPOOL OR PRIVY
 IS 100' FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

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WATER SUPPLY

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Fill	0	2
sand fill	2	5
clay	8	36
sand/clay	36	40
clay	40	48
sand/clay	48	60
sand/clay	60	75

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF _____ PAGES
 COMPANY NAME Wye Valley Well Drilling
 SIGNATURE OF DRILLER IN CHARGE: Wye Valley DATE 2/25/97