Qi23-15

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE RETURNED WITHIN 30 DAYS AFTER CONSTRUCTION DATE.

MONITOR WELL COMPLETION REPORT

DH

PLEASE PRINT OR TYPE

PERMIT NO. 176355   LOCAL ID MW-9

Owner Gerald Yocher

Address PO Box 99

City Ocean View   State DE   Zip 19970

Telephone Number 539-4140

Consulting Firm/Supervising Geologist (If applicable)
Atlantic Hydrologic

Telephone Number 697-3012

Well Contractor Weber

Date of Completion 1-25-00

Name of DNREC Contact Person

Drilling Method Auger

WELL CONSTRUCTION

Total depth drilled: 12.5

Depth to water 6

Surveyed Top of Casing Elevations

0 _____ _____ Ft. above Sea Level
Inner   _Outer_

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	0	
Casing bottom	2.5	
Casing diameter	2	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	2.5	
Screen bottom	12.5	
Screen diameter	2	
Screen material	PVC	

Type of Grout Bent from 0 to 2.5

Gravel pack interval from 2.5 to 12.5

Aquifer/Formation screened in: _____

Type of samples (ditch, split spoon, etc.)
Flight

Samples Logged By: Steve Roy/4.71
                    (Name)

_____ Atlantic Hydrologic
(Title)   _(Company)_

Well Drilled By: Weber well
                (Company Name)

_____
(Signature of Driller in Charge)   _(Date)_

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

Qi23-15

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Brown Shed	0	3
Beige Shaly silt	3	5
Gray Shed	5	12.5

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ]   NO [✓]
PAGE 1 OF _____ PAGES

White - Water Supply   •   Canary - Other   •   Pink - Owner   •   Goldenrod - Contractor

Doc. No. 40-08/88/05/03