

TO:
 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

W

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 92202 E LOCAL ID 319

OWNER Robb Boune

CONSTRUCTION DATE 8/24/92

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 8/24/92

ABANDONMENT METHOD empty

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____

TOTAL DEPTH DRILLED 260

CASING SEQUENCE

	INNER	OUTER
CASING TOP	2+	
CASING BOTTOM	250	
CASING DIAMETER	2"	
CASING MATERIAL	pc	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	250	
SCREEN BOTTOM	260	
SCREEN DIAMETER	2"	
SCREEN MATERIAL	pc	

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 0 TO 250 FEET

NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE #20000 sand
 FROM 250 TO 260 FEET

STATIC WATER LEVEL: DATE 8/24/92

7 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: 7 FT. BELOW GRADE

AFTER 2 HOURS AT 30 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

_____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE X

RATED CAPACITY (GPM) _____

PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

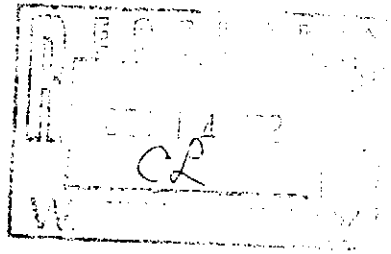
A. AT LEAST 15' FROM ANY FOUNDATION YES NO
 B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
 C. AT LEAST 10' FROM TOWN SEWER LINE YES NO
 D. AT LEAST 100' FROM THE NEAREST EDGE YES NO
 OF ANY TILE FIELD

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC FILE FIELD CESSPOOL OR PRIVY
 IS central sewer FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM? YES NO

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.



Q: 52-26

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top cross	0	3
silt gy	3	11
cl-gy	11	18
silt gy	18	45
sand med fine gy	45	120
cl-gy	120	129
sand fine med gy	129	175
silt gy	175	210
cl-gy silt & shell	210	230
sand fine gy	230	245
sand med gy	245	260

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Weymouth Well Drilling

SIGNATURE OF DRILLER IN CHARGE: Weymouth DATE 8/24/92