

MAIL 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

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 103337 LOCAL ID _____

OWNER MYRTLE MURDOCH

CONSTRUCTION DATE 03/27/95

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 03/27/95

ABANDONMENT METHOD BENTONITE

MUD ROTARY DRILLING METHOD

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

TOTAL DEPTH DRILLED 45

CASING SEQUENCE

CASING TOP
CASING BOTTOM
CASING DIAMETER
CASING MATERIAL

INNER	OUTER
1' ABOVE	
40	
2	
PVC	NONE

SCREEN SEQUENCE

SCREEN TOP
SCREEN BOTTOM
SCREEN DIAMETER
SCREEN MATERIAL

INNER	OUTER
40	
45	
2	PVC
PVC	

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 40 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE NONE FROM _____ TO _____ FEET

GRAVEL PACK: TYPE WASHED

FROM 40 TO 45 FEET

STATIC WATER LEVEL: DATE 03/24/95

8 FT. (below, above) GROUND SURFACE

PUMPING WATER LEVEL: 12 FT BELOW GRADE

AFTER 2 HOURS AT 60.00 PM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

_____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE N/A

RATED CAPACITY (GPM) 0

PUMP INTAKE SETTING 0 FT. BELOW GRADE

THE COMPLETED WELL IS?

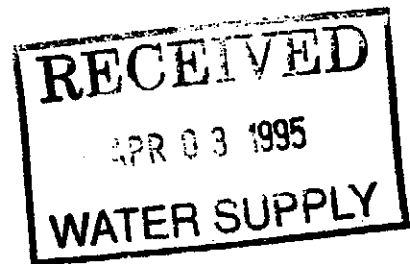
A. AT LEAST 15' FROM ANY FOUNDATION YES NO
B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
C. AT LEAST 10' FROM TOWN SEWER LINE YES NO
D. AT LEAST 100' FROM THE NEAREST EDGE YES NO
OF ANY TILE FIELD

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
IS 100 FEET FROM COMPLETED WELL.

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

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.



Ad13-04

DRILLERS LOG DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA

FINE BROWN SAND	0	5
MED COARSE BROWN		
SAND AND CLAY	5	10
MED COARSE TAN		
SAND	10	20
COARSE BROWN		
SAND	20	35
COARSE BROWN		
SAND	35	45

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME BURNS WELL DRILLING

SIGNATURE OF DRILLER IN CHARGE _____ DATE 03/27/95