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.

MONITOR / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE Rd 13-08	
PERMIT NO. 99702 LOCAL ID	IS COMPLETED WELL LOCATED AS SHOWN ON
Owner D + S FOC.	APPLICATION FORM? YES [A] NO []
Address 315 River Vista Dr.	IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
City Seaford State De Zin 19973	- 10, 2200MBB BOCKFION CHIMINGS ON OTHER COMMENTS.
Telephone Number 629-6164	
Consulting Firm/Supervising Geologist (If applicable)	
Telephone Number	
Well Contractor Burns Inc.	JUN 2 7 199
Date of Completion 6 -9 94	July Son Z 1 look 1 to 1
Name of DNREC Contact Person	
Drilling Method	WATER SUPPLY
	VIATA South Colored to Colored to South South
WELL CONSTRUCTION	
Total depth drilled:	
Depth to water	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM
Surveyed Top of Casing Elevations	
Inner Outer Ft. above Sea Level	FINE TANSAND O' Z'
	yellow clay 21 31
CASING SEQUENCE	ENR/TANSAND 31 171
Inner casing Outer casing	
Casing top Above Bore	
Casing bottom 2 Below 2 Below	
Casing diameter 2" 1P"	
Casing material DVC 5 Fee	
SCREEN SEQUENCE	
Inner casing Outer casing	
Screen top	
Screen bottom 17'	
Screen diameter	
Screen material	
Bentonita 1', 2'	
Type of Grout Coment from to	
Gravel pack interval fromtoto	
Aquifer/Formation screened in: Surface	
Type of samples (ditch, split spoon, etc.)	
,	
General Control In	
Samples Logged By: (Name)	
(max)	
(Title) (Company)	
o .	
'ell Drilled By: BUNS The	
(Company Name)	
and Mitatell black	SUPPLEMENTAL DRILLERS LOG ATTACHED?
(Signature of Driller in Charge) (Date)	PAGE 1 OF PAGES