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

Rd 13-09

PLEASE PRINT OR TYPE

PERMIT NO. 99703 LOCAL ID _____
Owner D + J Inc
Address 315 River Vista Dr.
City Seaford State De Zip 19973
Telephone Number 629-6169
Consulting Firm/Supervising Geologist (If applicable)

Telephone Number _____
Well Contractor BURNS Inc
Date of Completion 6-9-94
Name of DNREC Contact Person _____
Drilling Method _____

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

JUN 27 199

WELL CONSTRUCTION

Total depth drilled: 17'
Depth to water 7'
Surveyed Top of Casing Elevations
_____ Inner _____ Outer Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	1' Above	1' Above
Casing bottom	2' Below	2' Below
Casing diameter	2"	4"
Casing material	PVC	Steel

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	2'	
Screen bottom	17'	
Screen diameter	2"	
Screen material	PVC	

Type of Grout Bentonite Cement from 1' to 2' from 0' to 1'
Gravel pack interval from 2' to 17'
Aquifer/Formation screened in: Surface
Type of samples (ditch, split spoon, etc.)

Samples Logged By: _____ (Name)
_____ (Title) _____ (Company)

Vell Drilled By: BURNS Inc. (Company Name)

Ane Mitchell 6/20/94
(Signature of Driller in Charge) (Date)

DRILLERS LOG, DESCRIP.	TOP OF STRATA	BOTTOM
Fine tan sand	0'	2'
Yellow clay	2'	3'
Fine tan sand	3'	17'

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [X]
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White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor

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