

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

http://www.dnrec.state.de.us/

RF14-20

PERMIT #: 176812-W

APPLICATION FOR A PERMIT TO CONSTRUCT A WELL

PHONE: 302-739-3665
FAX: 302-739-7764

- OFFICIAL USE ONLY -

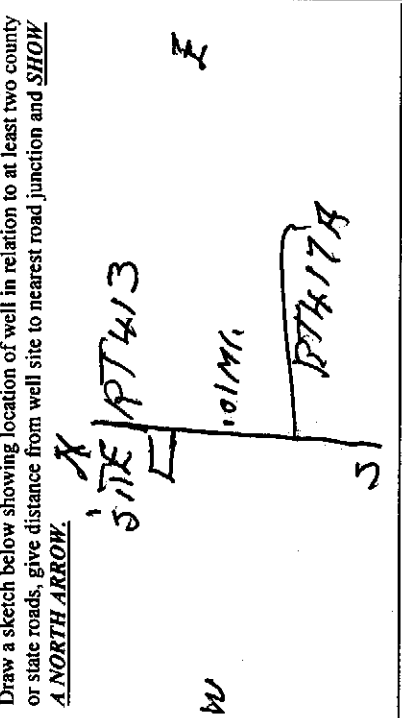
PAGE # 4 OF 4 PAGES
PERMIT NO: 176812-W

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE TYPE OR PRINT - USE BLUE OR BLACK INK ONLY

Property Owner: LARRY L. LYNEA
 Address: RD 1800 723
 City: GEORGETOWN State: DE Zip: 19947
 Telephone Number: 934-6285
 Licensed Preparer/WC: PEARLISH
 Lic. #: 282 Date of Application: 2/13/01
 Estimated Construction Date: 2/10/01
 PURPOSE: Test Permanent Temporary for Well Construction
 USE: Domestic Irrigation
 Industrial Agricultural
 Public Heat Pump Supply
 Miscellaneous Public Heat Pump Recharge
 Other (Specify): _____ Closed Loop Heat Pump
 Is this a replacement well? NO YES (Reason): NO WATER
 Is public water available? NO YES (Utility): _____
 On public sewage? YES OR Septic system permit # 27759-5

LOCATION MAP - ROAD MAP
 County: New Castle Kent Sussex
 Subdivision: _____
 Lot #: _____ ADC Map Grid: _____
 Tax Map/Parcel #: 3-33-44-75.08
 Name of Nearest Town: MILLSBORO
 Distance to Nearest Town: 7MI



PROPOSED WELL CONSTRUCTION:

Inner Casing	Outer Casing
Approximate total depth: <u>60</u> ft.	ft.
Casing top (above grade): <u>8</u> in.	in.
Casing bottom (below grade): <u>50</u> ft.	ft.
Casing diameter: <u>2</u> PVC	
Casing material: <u>PVC</u>	
Proposed screen setting: <u>50</u> ft. TO: <u>60</u> ft. Material: <u>PVC</u>	
Type of Grout: <u>CLAY</u> From: <u>0</u> To: <u>20</u>	
Gravel pack: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES From: <u>50</u> To: <u>60</u>	
Maximum capacity: <u>10</u> (GPM) Max. Daily Withdrawal: <u>800</u> (GPD)	

Will the operation of this well by itself or in combination with any other wells, owned or operated by the permittee, withdraw greater than 50,000 gallons in any 24 hr. period? NO YES

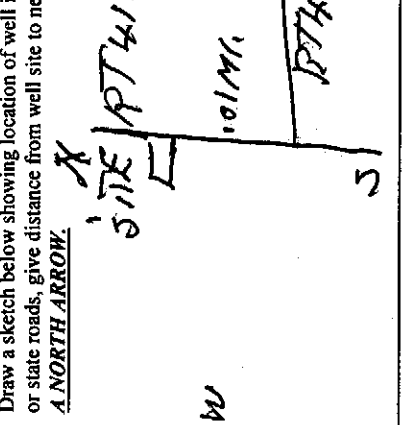
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Licensed Preparer/Water Well Contractor: Pearl L. Lynea Date: 2/13/01
 Signature: [Signature] Date: 2/13/01

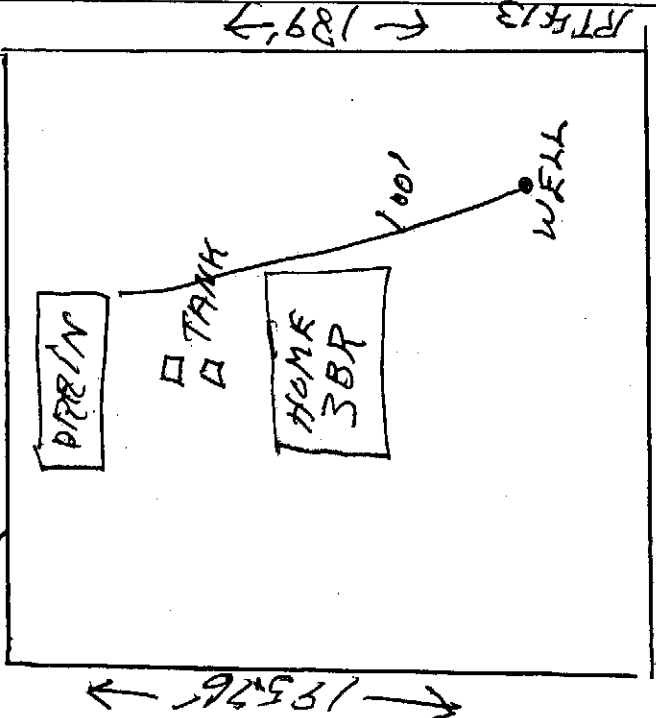
Please release the contractor's copy of the permit and the well tag to the water well contractor noted on this application:

YES NO

LOCATION MAP - ROAD MAP
 County: New Castle Kent Sussex
 Subdivision: _____
 Lot #: _____ ADC Map Grid: _____
 Tax Map/Parcel #: 3-33-44-75.08
 Name of Nearest Town: MILLSBORO
 Distance to Nearest Town: 7MI



Site Plan - Include lot size and dimensions, distances from well to house, property lines, nearest road, and all nearby septic systems (include suitable plot plan if available) ← 3631 →



Received By: [Signature] Modified Grid: 154-054
 Amount: 35.00 Drainage Basin: 313
 Date: 2/15/01 Quad: L. WALEN/154E
 X-Coord: 204985 Y-Coord: 54611.2
 Signature: [Signature] Date: 2/15/01
 Signature: [Signature] Date: 2/15/01

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WELL COMPLETION REPORT
MUST BE RETURNED WITHIN 30
DAYS OF CONSTRUCTION. A
WELL FORMATION LOG MUST BE
INCLUDED WITH THIS REPORT.

WELL COMPLETION REPORT

- OFFICIAL USE ONLY -

PAGE 1 OF 3 PAGES

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED
PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 176813-W Local ID: _____

Tax Map/Parcel #: 3-33-4-93,07

Property Owner: LARRY L. LYNEH

Water Well Contractor: PENGLISH WC Lic #: 849

Well Driller in Charge during Construction: PENGLISH

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool

Driven Jetted Air Rotary

Mud Rotary Reverse

Other (Specify): _____

Total Depth of Excavation: _____

Construction Date: _____

CASING INSTALLATION:	(1)	(2)	(3)	(4)	(5)	(6)	OUTER CASING
CASING TOP:	<u>8</u>						
CASING BOTTOM:	<u>55</u>						
CASING DIAMETER:	<u>2"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>55</u>					
SCREEN BOTTOM:	<u>65</u>					
SCREEN DIAMETER:	<u>2"</u>					
SCREEN MATERIAL:	<u>PVC</u>					

Gravel Pack From: 55 ft. To: 65 ft.

GROUT Type: Cement Bentonite Clay

Other: _____ From: _____ ft. To: 20 ft.

Type of Non-GROUT backfill of Well Annulus: SAND

From: 20 To: 55

Static Water Level: 5 ft. Below OR Above Ground Surface

On (date): 3/13/01

Pumping Water Level: 6 ft. On (date): 3/15/01

After: 2 hrs. Pumping at: 20 GPM

Was a Geophysical Log Taken? YES NO

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: GOULD S

Rated Capacity (GPM): 10

Pump Intake Setting: 2 Ft. Below Ground Surface:

Pump Installed By: PENGLISH On (date): 3/15/01

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"

Well Pit Pad Mount

Other - Specify: _____

Well Head Completed: 8 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?

YES NO If "NO", Please Explain: _____

RECEIVED
(JUN 26 2001)
WATER SUPPLY

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Well Driller in Charge of Well Construction: PENGLISH

License #: 849 Date: 3/15/01

