

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 21 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

Rj 11-01

PLEASE PRINT

PERMIT NO. _____ LOCAL ID _____

OWNER _____

CONSTRUCTION DATE _____

PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 MONITOR DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) _____

IS THIS A REPLACEMENT WELL? YES NO

ABANDONMENT DATE FOR OLD WELL _____

ABANDONMENT METHOD _____

DRILLING METHOD

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

TOTAL DEPTH DRILLED 110'

CASING SEQUENCE

CASING TOP _____
 CASING BOTTOM _____
 CASING DIAMETER _____
 CASING MATERIAL _____

INNER	OUTER

SCREEN SEQUENCE

SCREEN TOP _____
 SCREEN BOTTOM _____
 SCREEN DIAMETER _____
 SCREEN MATERIAL _____

INNER	OUTER

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM _____ TO _____ FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE _____

FROM _____ TO _____ FEET

STATIC WATER LEVEL: DATE _____

_____ FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: _____ FT. BELOW GRADE

AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

_____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____

RATED CAPACITY (GPM) _____

PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

	YES	NO
A. AT LEAST 5' FROM ANY OVERHANG	<input type="checkbox"/>	<input type="checkbox"/>
B. AT LEAST 50' FROM ANY SEPTIC TANK	<input type="checkbox"/>	<input type="checkbox"/>
C. AT LEAST 10' FROM TOWN SEWER LINE	<input type="checkbox"/>	<input type="checkbox"/>
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	<input type="checkbox"/>	<input type="checkbox"/>

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
 IS _____ FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Rj 11-01 ✓

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
ORANGE M SAND	1	4
TAN-BROWN F-M SAND TR. SILT	4	50
TAN M-C SAND (GRAVEL LENS ~ 68-69)	50	95
GRAY SILTY CLAY	95	110

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

PAGE 1 OF _____ PAGES

COMPANY NAME _____

SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____