

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

PLEASE PRINT

PERMIT NO. 11153A LOCAL ID A-5

OWNER Wassonville Well Co

CONSTRUCTION DATE 4-22-86
 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 N/A
 ABANDONMENT METHOD _____

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 15'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	+2.0'	
CASING BOTTOM	8.0'	
CASING DIAMETER	2.0"	
CASING MATERIAL	PVC	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	3.0'	
SCREEN BOTTOM	10.0'	
SCREEN DIAMETER	2.0"	
SCREEN MATERIAL	PVC	

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

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 7.6 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE WASCO FROM 7.6 TO 15 FEET
 GRAVEL PACK: TYPE N/A
 FROM _____ TO _____ FEET
 STATIC WATER LEVEL: DATE 4/22/86
9.6 FT. (Below, -above) GROUND SURFACE
 PUMPING WATER LEVEL: _____ FT. BELOW GRADE
 AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER PVC CAP
 _____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE N/A
 RATED CAPACITY (GPM) _____
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

	YES	NO
A. AT LEAST 5' FROM ANY OVERHANG	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. AT LEAST 50' FROM ANY SEPTIC TANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. AT LEAST 10' FROM TOWN SEWER LINE	<input checked="" 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.

RJ11-03

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	
ORANGE M. SAND	1	
TAN-BROWN F-F SAND w/ TL. CL.	11	

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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 COMPANY NAME _____
 SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____