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. _____ 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 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	2.0'	
CASING DIAMETER	2.0"	
CASING MATERIAL	PVC	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	7.0	
SCREEN BOTTOM	15.0	
SCREEN DIAMETER	2.0"	
SCREEN MATERIAL	PVC	

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

GROUT TYPE: CEMENT ☐ BENTONITE CLAY ☒
OTHER: _____
FROM _____ TO 5' FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE _____ FROM _____ TO _____ FEET
GRAVEL PACK: TYPE N/A
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	☒	☐
B. AT LEAST 50' FROM ANY SEPTIC TANK	☐	☐
C. AT LEAST 10' FROM TOWN SEWER LINE	☐	☐
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	☐	☐

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 11-07

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
[illegible] TOPSOIL	0	0.4
[illegible]	0.4	15

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

DOCUMENT NO. 40-08-78-01-03

WHITE - DNREC **CANARY - CONTRACTOR** **PINK - OWNER**