

MAIL TO:
WATER SUPPLY BRANCH
DIVISION OF ENVIRONMENTAL CONTROL
P.O. BOX 1401
DOVER, DELAWARE 19901

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
BE RETURNED TO THE DIVISION
CONSTRUCTION DATE: 7/20/84

WELL COMPLETION REPORT

DW 7/21/84

PLEASE PRINT

PERMIT NO. 57618E LOCAL ID _____

OWNER DELAGRA CORPORATION

CONSTRUCTION DATE 7/5/84
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 STANDBY
ABANDONMENT METHOD _____

DRILLING METHOD

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

TOTAL DEPTH DRILLED 100'

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	52			
CASING BOTTOM	60			
CASING DIAMETER	8			
CASING MATERIAL	PVC			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	60			
SCREEN BOTTOM	100			
SCREEN DIAMETER	4			
SCREEN MATERIAL	PVC			

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____
FROM 0 TO 40 FEET

NON-GROUT BACKFILL OF WELL ANNULUS
TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE AGGREG 2

FROM 40 TO 60 FEET

STATIC WATER LEVEL: DATE 7/5

12 FT. (Below/Above) GROUND SURFACE

PUMPING WATER LEVEL: 72 FT. BELOW GRADE

AFTER 27 HOURS AT 300 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE GRUNDFOS SP-75-3
RATED CAPACITY (GPM) 75
PUMP INTAKE SETTING 30 FT. BELOW GRADE

THE COMPLETED WELL IS?

A. AT LEAST 5' FROM ANY OVERHANG YES NO
B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
C. AT LEAST 10' FROM TOWN SEWER LINE YES NO
D. AT LEAST 100' FROM THE NEAREST EDGE YES NO
OF ANY TILE FIELD

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD SCHOOL OR PRIVY

IS 200 FEET FROM COMPLETED WELL

IS COMPLETED WELL LOCATED AS SHOWN

ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS

Dc 14-26

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TP SOIL	0	1
FN/MD IN SUD/CY	1	7
FN/MD IN SUD/RO	7	31
GRY CLY	31	34
FN/CRS IN SUD	34	81
IR OR + HD	81	84
FN/MD TAN SUD	84	101
FN/SUD W/gy cl	101	120

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME: DELMARWA DRILLING CO

SIGNATURE OF DRILLER IN CHARGE: [Signature] DATE: 7/20/84