

MAIL TO:
 WATER SUPPLY BRANCH
 DIVISION OF ENVIRONMENTAL CONTROL
 P.O. BOX 1401
 DOVER, DELAWARE 19903

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
 BE RETURNED 30 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 82062 LOCAL ID 14

OWNER Bob Rider, SR.

CONSTRUCTION DATE 7/13/90

PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION 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 A

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 130'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>2</u>	
CASING BOTTOM	<u>74'</u>	
CASING DIAMETER	<u>12"</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>73'</u>	
SCREEN BOTTOM	<u>118'</u>	
SCREEN DIAMETER	<u>12"</u>	
SCREEN MATERIAL	<u>PVC</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 25 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE N/A FROM _____ TO _____ FEET
 GRAVEL PACK: TYPE MOBILE #2
 FROM 50 TO 118 FEET
 STATIC WATER LEVEL: DATE 4/13/90
6 FT. (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL: 9 FT. BELOW GRADE
 AFTER 6 HOURS AT 130 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER _____
12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

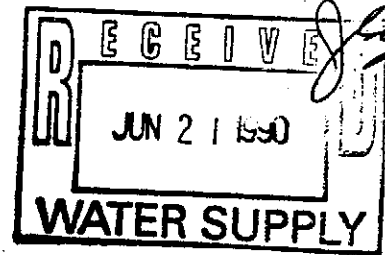
PUMP MANUFACTURE N/A
 RATED CAPACITY (GPM) N/A
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

YES NO
 A. AT LEAST 15' FROM ANY FOUNDATION
 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 100' FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.



0d31-01

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>Top soil</u>	<u>0</u>	<u>1</u>
<u>White sandy clay</u>	<u>1</u>	<u>5</u>
<u>fine-med white sand</u>	<u>5</u>	<u>20</u>
<u>med-coarse orange sand w/ gravel</u>	<u>20</u>	<u>68</u>
<u>med-coarse tan sand + gravel</u>	<u>68</u>	<u>118</u>
<u>Soft gray clay</u>	<u>118</u>	<u>130</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF _____ PAGES
 COMPANY NAME Delmarva Drilling Co.
 SIGNATURE OF DRILLER IN CHARGE: Delwyn R. Miller DATE 4/13/90