Eskridge

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 WITHIN 30 DAYS AFTER CONSTRUCTION DATE.**

# MONITOR / OBSERVATION WELL COMPLETION REPORT

Of23:03

PLEASE PRINT OR TYPE

PERMIT NO. 95773 LOCAL ID W-15
Owner DNREC
Address BOX 778
City DOVER State DE Zip 19903
Telephone Number 739-4852
Consulting Firm/Supervising Geologist (If applicable)
USGS/M HAYES
Telephone Number 410-828-1535
Well Contractor WALTON CORP.
Date of Completion 12/2/93
Name of DNREC Contact Person
Drilling Method HSA

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [ ] NO [✓]
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
PLAN ATTACHED

## WELL CONSTRUCTION

Total depth drilled: 20
Depth to water 10
Surveyed Top of Casing Elevations
_____ Inner _____ Outer Ft. above Sea Level

### CASING SEQUENCE

| | Inner casing | Outer casing |
|---|---|---|
| Casing top | 1+2 | |
| Casing bottom | 17 | |
| Casing diameter | 2ID | |
| Casing material | PVC | |

### SCREEN SEQUENCE

| | Inner casing | Outer casing |
|---|---|---|
| Screen top | 17 | |
| Screen bottom | 20 | |
| Screen diameter | 2ID | |
| Screen material | PVC | |

Type of Grout BENT from 0 to 15
Gravel pack interval from 15 to 20
Aquifer/Formation screened in: WATER TABLE
Type of samples (ditch, split spoon, etc.)

Samples Logged By: _____ (Name)
_____ (Title) (Company)

Well Drilled By: WALTON CORP (Company Name)

[signature] 12/6/93
(Signature of Driller in Charge) (Date)

| DRILLERS LOG DESCRIP. | TOP OF STRATA | BOTTOM |
|---|---|---|
| BRN + BR F-C SAND | 0 | 1 |
| TR SILT | | 20 |
| drilled 7/2/93 | | |

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [✓]
PAGE 1 OF 1 PAGES

*White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor*

DOCUMENT NO. 40-08/87/02/03 - EC 81