

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. 78836 LOCAL ID _____

OWNER Lavelle, Edward

CONSTRUCTION DATE 5-23-01

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 5-23-01

ABANDONMENT METHOD Completed

DRILLING METHOD

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

TOTAL DEPTH DRILLED 360'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	8' above	
CASING BOTTOM	350'	
CASING DIAMETER	4"	
CASING MATERIAL	plastic	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	350'	
SCREEN BOTTOM	360'	
SCREEN DIAMETER	4"	
SCREEN MATERIAL	plastic	

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 350' TO 0' FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE pea

FROM 350' TO 360' FEET

STATIC WATER LEVEL: DATE _____

10 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: _____ FT. BELOW GRADE

AFTER 2 HOURS AT 25 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

_____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE Grundfos

RATED CAPACITY (GPM) 25

PUMP INTAKE SETTING 2 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)

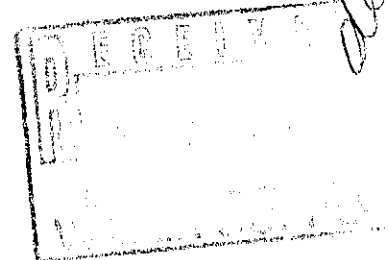
SEPTIC TILE FIELD CESSPOOL OR PRIVY

IS 10' FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN

ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.



PC33-76

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

Top Sand	0	10
yellow sand	10	20
Coarse calcif. sand	20	40
sand & gravel	40	70
Blue Clay	70	120
Clay and sand	120	140
Thin Sand	140	180
Blue Clay	180	240
Sand Thin	240	280
Thin Clay	280	320
Upper Sand	320	360

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Geo Co

SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____