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 WELL COMPLETION REPORT**

PLEASE PRINT OR TYPE	
PERMIT NO. 82-1/4/7 LOCAL ID F3 Owner 4/10 Plant & Said Scient	IS COMPLETED WELL LOCATED AS SHOWN ON
Owner Ut Plant & Soil Scie	APPLICATION FORM? YES [>] NO[]
IAddress	IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
City Merconde State DE Zip /6	<del>77/6</del>
Telephone Number 451-1392	
Consulting Firm/Supervising Geologist (If applicable)	
Telephone Number 451 - 926-1	
Well Contractor DES - Bounds	
Date of Completion 5/8/93	
Name of DNREC Contact Person	<u>\$</u>
Drilling Method Angel	Pe 33 -45
0	[637]
WELL CONSTRUCTION	
Total depth drilled:	<u> </u>
Total depth drilled: 7.5  Depth to water 7.5	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM
Surveyed Top of Casing Elevations	
Inner Outer Ft. above Sea Level	FORSOIL 0 6.5
Inner / Outer	
CASING SEQUENCE	
Inner casing Outer ca	Brown St. CLAYEY 3.5 8.0
	M-C SANO
- Consideration of the control of th	
°	
O to	TAN-611 MC SIN) 8.0 14.1
, , , , , , , , , , , , , , , , , , , ,	- WBRAVEL
SCREEN SEQUENCE	
Inner casing Outer ca	ing
Jocreen top	
Screen bottom 14.7	
Screen diameter 1.0	
Screen material PVC	
Type of Grout	9.5
Gravel pack interval fromto	
Aquifer/Formation screened in: #MCCLAIFING	·/)
Type of samples (ditch, split spoon, etc.)	
- Market	
081	
Samples Logged By:	
Samples Logged By: (Name)	
J. Varand Tel De	
The second with the second	2
(Title) (Com	pany)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Well Drilled By:	
(Company Name)	
That Bounds 5/	SUPPLEMENTAL DRILLERS LOG ATTACHED? YES [ ] NO [ ]
(Signature of Driller in Charge)	PAGE 1 OF PAGES