

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 21 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 54458 LOCAL ID _____
 OWNER Del. Solid Waste

CONSTRUCTION DATE September 2, 1983
 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 _____
 ABANDONMENT METHOD _____

DRILLING METHOD
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERS' WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 25'

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	0			
CASING BOTTOM	15			
CASING DIAMETER	2"			
CASING MATERIAL	PVC			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	15			
SCREEN BOTTOM	25			
SCREEN DIAMETER	2"			
SCREEN MATERIAL	PVC			

WRITTEN APPROVAL FOR SCREENING/
 GRAVEL PACKING MORE THAN ONE AQUI-
 FERS MUST BE OBTAINED FROM DNREC

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 3 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE _____ FROM _____ TO _____ FEET
 GRAVEL PACK TYPE #2
 FROM 10 TO 25 FEET
 STATIC WATER LEVEL: DATE September 2, 1983
2 FT. (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL 20 FT. BELOW GRADE
 AFTER 2 HOURS AT 50 GPM.

WELL HEAD COMPLETION:
 TYPE: FITLESS ADAPTOR
 OTHER 1/2"
 _____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE 16
 RATED CAPACITY (GPM) _____
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?
 YES NO
 A. AT LEAST 5' FROM ANY OVERHANG
 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 _____ FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS

pest 419
 RECEIVED
 OCT 3 1983
 WATER SUPPLY

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top soil	0	1
Gray clay	1	8
Fine-med. sand	8	25

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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 COMPANY NAME Delmarva Drilling Company
 SIGNATURE OF DRILLER IN CHARGE Ed Alley DATE 10/1/83