

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 21 DAYS AFTER
CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 63657 LOCAL ID 101

OWNER: Baxter Farming, Inc.

CONSTRUCTION DATE: 1-23-86

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
 DRAWN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify): _____

TOTAL DEPTH DRILLED: 98

CASING SEQUENCE

DEPTH	DIAMETER	MATERIAL
71		
78		
98		

SCREEN SEQUENCE

DEPTH	DIAMETER	MATERIAL
18		
68		
98		

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 3 TO 20 FEET
 NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE: None TO _____ FEET
 GRAVEL PACK: TYPE 4 part
 FROM 20 TO 98 FEET
 STATIC WATER LEVEL: DATE 1-23-86
6 FT. (above) GROUND SURFACE
 PUMPING WATER LEVEL: 30 FT. BELOW GRADE
 AFTER 5 HOURS AT 20 GPM.

WELL HEAD COMPLETION:
 TYPE: FITLESS ADAPTOR
 OTHER
12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED: _____

PUMP MANUFACTURE: _____
 RATED CAPACITY (GPM): 7
 PUMP INTAKE SETTING: _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

	YES	NO
A AT LEAST 5' FROM ANY OVERHANG	<input type="checkbox"/>	<input type="checkbox"/>
B AT LEAST 50' FROM ANY SEPTIC TANK	<input type="checkbox"/>	<input type="checkbox"/>
C AT LEAST 10' FROM TOWN SEWER LINE	<input type="checkbox"/>	<input type="checkbox"/>
D AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	<input type="checkbox"/>	<input type="checkbox"/>

THE NEAREST NEIGHBORS (CIRCLE ONE)
 SEPTIC TILE FIELD CESSPOOL OR PRIVATE
 IS _____ FROM COMPLETED WELL
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS: _____

RECORDED
 MS 21 888
 WATER SUPPLY
 180 weeds
 11-25-04

DRILLERS LOG DESCRIPTION

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Tarcom	01	
Thin Sand & Clay	15	15
Med Light Tan Sand	15	30
Med Coarse Tan Sand	30	38
Coarse Tan Sand	38	50
dk Tan Sand	50	80
Coarse Gravel Sand	80	98

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF _____ PAGES
 COMPANY NAME: Water Well Drilling
 SIGNATURE OF DRILLER IN CHARGE: _____ DATE: _____

DOCUMENT NO. 40-80-70-01-02

WHITE - DNREC

CANARY - CONTRACTOR

PINK - OWNER