

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

Pg 45-15

WELL COMPLETION REPORT MUST
 BE RETURNED WITHIN 30 DAYS
 AFTER CONSTRUCTION DATE.

MONITOR / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE

PERMIT NO. 95533 LOCAL ID _____
 Owner Townsend, Inc.
 Address P.O. Box 486
 City Millsboro State De Zip 19966
 Telephone Number 302/934-3026
 Consulting Firm/Supervising Geologist (If applicable) _____
 Telephone Number _____
 Well Contractor AWWS
 Date of Completion 1/23/91
 Name of DNREC Contact Person _____
 Drilling Method Mud Rotary

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

WELL CONSTRUCTION

Total depth drilled: 234'
 Depth to water 10
 Surveyed Top of Casing Elevations
 _____ Ft. above Sea Level
 Inner Outer

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	<u>42'</u>	
Casing bottom	<u>194'</u>	
Casing diameter	<u>2"</u>	
Casing material	<u>PVC</u>	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	<u>194'</u>	
Screen bottom	<u>234'</u>	
Screen diameter	<u>2"</u>	
Screen material	<u>PVC</u>	

Type of Grout clay from 0 to 185
 Gravel pack interval from 185 to 234
 Aquifer/Formation screened in: _____
 Type of samples (ditch, split spoon, etc.)

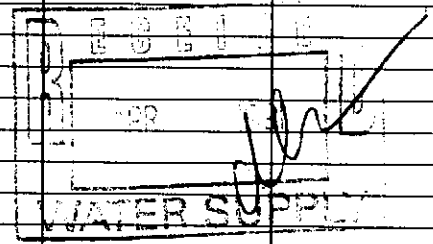
Samples Logged By: _____
 (Name)

 (Title) (Company)

Well Drilled By: American Water Well Sys, Inc.
 (Company Name)

(Signature of Driller in Charge) 3/23/91
 (Date)

DRILLERS LOG DESCRIPT.	TOP OF STRATA	BOTTOM
Top soil	0	1
Fine to coarse tan sand	1	100
Gray clay	100	130
Gray fine to med gray sand	130	235



SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES NO
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