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. 79404 LOCAL ID H-2
Owner DSCS Water Quality St. Lg
Address 3500 S. DuPont Hwy
City Dover State DE Zip 19901
Telephone Number 734-2506
Consulting Firm/Supervising Geologist (If applicable)
J. Dunnigan
Telephone Number
Well Contractor DES-Coastal
Date of Completion 10-25-89
Name of DNREC Contact Person J. Dunnigan
Drilling Method Hollow Stem Auger

WELL CONSTRUCTION

Total depth drilled: 60'
Depth to water 5'
Surveyed Top of Casing Elevations
_____ _____ Ft. above Sea Level
Inner *Outer*

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	+1	
Casing bottom	9	
Casing diameter	1 1/4	
Casing material	Sched 40 PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	9	
Screen bottom	14	
Screen diameter	1 1/4	
Screen material	Sch 40 PVC	

Type of Grout Bent from 0 to 5
Gravel pack interval from 4 1/2 to 14
Aquifer/Formation screened in: Columbia Aq
Type of samples (ditch, split spoon, etc.)
Cuttings of Auger
Samples Logged By: J. Dunnigan (Name)
Hydrologist DSCS (Title) (Company)
Well Drilled By: DES (Company Name)
(Signature of Driller in Charge) (Date)

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

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
br loamy sd	0	1
tan silty clay	1	5
f-m sd	5	16
brn silty sd	16	30
c. tan sd + silt	30	45
orng c. sd + gravel	45	66
clay	66	67
c. sd + gravel	67	80

Ph 14-12

SUPPLEMENTAL DRILLERS LOG ATTACHED?
YES [ ] NO [✓]
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White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor

Doc. No. 40-08/88/05/03