

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

PLEASE PRINT

PERMIT NO. 92805 LOCAL ID _____

OWNER Andrew Knoff

CONSTRUCTION DATE 5/28/93
PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION 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 REVERSE WASHED
 OTHER (Specify) _____
TOTAL DEPTH DRILLED 40

CASING SEQUENCE
CASING TOP _____
CASING BOTTOM _____
CASING DIAMETER _____
CASING MATERIAL _____

SCREEN SEQUENCE
SCREEN TOP _____
SCREEN BOTTOM _____
SCREEN DIAMETER _____
SCREEN MATERIAL _____

WRITTEN APPROVAL FOR SCREENING/
GRAVEL PACKING MORE THAN ONE AQU-
FER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY
OTHER: _____
FROM 0 TO 30 FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE Mud FROM 30 TO 40 FEET
GRAVEL PACK: TYPE _____
FROM _____ TO _____ FEET
STATIC WATER LEVEL: DATE 5/28/93
4 FT. (Below Above) GROUND SURFACE
PUMPING WATER LEVEL: _____ FT. BELOW GRADE
AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:
TYPE: PIPES DAPTOR
OTHER: 0
0 INCHES ABOVE GRADE.

WELL'S COMPLETION REPORT, MUST
BE RETURNED 30 DAYS AFTER
CONSTRUCTION DATE
JUL 6 1993
WATER SUPPLY
PUMP INSTALLATION

TYPE OF PERMANENT _____

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

THE COMPLETED WELL IS?
YES NO
A. AT LEAST 15' FROM ANY FOUNDATION
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 10 FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN
ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

PHIS-13

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Sand	1	10
"	10	20
Gravel	30	30
"	30	40

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