

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 30 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

M2403

PERMIT NO. 89512 LOCAL ID _____
 OWNER Tunnell Companies, L.P.
P.O. Box 368, Millsboro, DE 19966
 CONSTRUCTION DATE 1/23/92
 PURPOSE: TEST PERMANENT
 USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 OBSERVATION DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) Observation.
 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 310

CASING SEQUENCE

CASING TOP	INNER	OUTER
	<u>12'</u>	
	<u>240</u>	
	<u>4"</u>	
	<u>PVC</u>	

SCREEN SEQUENCE

SCREEN TOP	INNER	OUTER
	<u>240</u>	
	<u>260</u>	
	<u>4"</u>	
	<u>PVC</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 0 TO 230 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE #2

FROM 230 TO 310 FEET

STATIC WATER LEVEL: DATE 1/23/92

10 FT. (Below: above) GROUND SURFACE

PUMPING WATER LEVEL: 100 FT. BELOW GRADE

AFTER 3 HOURS AT 60 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER Pitless
24 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE None
 RATED CAPACITY (GPM) _____
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

A. AT LEAST 15' FROM ANY FOUNDATION YES NO
 B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
 C. AT LEAST 10' FROM TOWN SEWER LINE YES NO
 D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD YES NO

THE NEAREST NEIGHBORS (CIRCLE ONE)

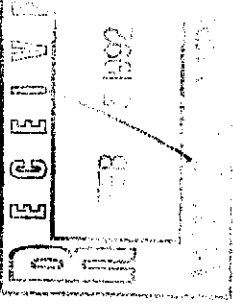
SEPTIC TILE FIELD CESSPOOL OR PRIVY

IS 250' FROM COMPLETED WELL

IS COMPLETED WELL LOCATED AS SHOWN

ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Tan clay	0	7
Med to coarse tan sand w/ gravel	7	50
Med to coarse tan sand w/ specks of brown clay	50	73
Med to coarse tan sand w/ gravel & clay	73	80
Med to coarse tan sand	80	90
Gray clay	90	101
Fine to coarse gray sand	101	135
Gray sand w/clay	135	142
Gray fine to med sand	142	165

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME American Water Well Systems Inc.

SIGNATURE OF DRILLER IN CHARGE: Jerry Ford DATE _____

