

**MAIL TO:**

WATER SUPPLY BRANCH  
DIVISION OF ENVIRONMENTAL CONTROL  
P.O. BOX 1401  
DOVER, DELAWARE 19901

**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. 61999 LOCAL ID Well 16  
OWNER University of Del.  
CONSTRUCTION DATE 8/1/85  TEST  PERMANENT  
PURPOSE:  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 N/A  
ABANDONMENT METHOD \_\_\_\_\_

**DRILLING METHOD**

- AUGERED  BORED  CABLE TOOL  
 DRIVEN  JETTED  AIR ROTARY  
 MUD ROTARY  REVERSE  WASHED  
 OTHER (Specify) \_\_\_\_\_

TOTAL DEPTH DRILLED 25'

**CASING SEQUENCE**

1st	2nd	3rd	4th
7'			
12.5'			
12.5'			
PVC			

**SCREEN SEQUENCE**

1st	2nd	3rd	4th
12.5'			
15.0'			
1.25'			
PVC			

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 7 FEET  
NON-GROUT BACKFILL OF WELL ANNULUS  
TYPE \_\_\_\_\_ FROM N/A TO \_\_\_\_\_ FEET  
GRAVEL PACK: TYPE \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ FEET  
STATIC WATER LEVEL: DATE 8/1/85  
7 FT. (Below, above) GROUND SURFACE  
PUMPING WATER LEVEL: \_\_\_\_\_ FT. BELOW GRADE  
AFTER \_\_\_\_\_ HOURS AT \_\_\_\_\_ GPM.

**WELL HEAD COMPLETION:**

TYPE: PITLESS ADAPTOR   
OTHER  PVC CAP  
6 INCHES ABOVE GRADE.

**TYPE OF PERMANENT PUMP INSTALLED:**

PUMP MANUFACTURE N/A  
RATED CAPACITY (GPM) \_\_\_\_\_  
PUMP INTAKE SETTING \_\_\_\_\_ FT. BELOW GRADE

**THE COMPLETED WELL IS?**

- A. AT LEAST 5' FROM ANY OVERHANG YES  NO   
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  N/A

**THE NEAREST NEIGHBORS (CIRCLE ONE)**

SEPTIC TILE FIELD  CESSPOOL OR PRIVY   
IS \_\_\_\_\_ FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Ph 35-17

**DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA**

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>TOPSOIL</u>	<u>0</u>	<u>0.6</u>
<u>ORANGE M. SAND</u>	<u>0.6</u>	<u>14.1</u>
<u>WHITE F-M SAND</u>	<u>14.0</u>	<u>19.5</u>
<u>W/TC GRAVEL &amp; CLAY</u>		
<u>W/ SOME SILT</u>		

SUPPLEMENTAL DRILLERS LOG ATTACHED YES  NO

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COMPANY NAME D65

SIGNATURE OF DRILLER IN CHARGE Frank C. Bonds DATE 8/6/85