

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. 60926 LOCAL ID 11113

OWNER Community of DC

CONSTRUCTION DATE 8/1/85 TEST PERMANENT

USE: 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 _____
ABANDONMENT METHOD N/A

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
TOTAL DEPTH DRILLED 20'

CASING SEQUENCE

1st	2nd	3rd	4th
4.6"			
12.5"			
1.25"			
PVC			

SCREEN SEQUENCE

1st	2nd	3rd	4th
12.5"			
150'			
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 _____ FEET
FROM _____ TO _____ FEET
STATIC WATER LEVEL: DATE 8/1/85
_____ FT. (Below, above) GROUND SURFACE
PUMPING WATER LEVEL: _____ FT. BELOW GRADE
AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

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

TYPE OF PERMANENT PUMP INSTALLED:

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

THE COMPLETED WELL IS?

YES NO
A. AT LEAST 5' FROM ANY OVERHANG
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 _____ FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Ph 35-14
19

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	0.7
ORGANIC M SAND W/ GR GRAVEL CLAY	0.7	8.0
WHITE F-M SAND W SOME SILT	8.0	19.5

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
PAGE 1 OF _____ PAGES D65

COMPANY NAME _____
SIGNATURE OF DRILLER IN CHARGE: John P. Bamba DATE 8/6/85