

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 21 DAYS AFTER
 CONSTRUCTION DATE

E1-36'
 SHA

Q644-5

PL STATE PRINT

WELL COMPLETION REPORT

PERMIT NO. 688036 LOCAL ID. 14
 OWNER Donald L. Bradley
 CONSTRUCTION DATE 5/4/87
 PURPOSE 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 N/A
 ABANDONMENT METHOD N/A

DRILLING METHOD
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 91

CASING SEQUENCE

DEPTH	OUTER
0	
51	
78"	
	DVC

SCREEN SEQUENCE

DEPTH	OUTER
51	
91	
	DVC

GROUT TYPE: CEMENT BENTONITE CLAY
 OTHER: _____
 FROM 0 TO 30 FEET
 NO. GROUT BACKFILL OF WELL ANNULUS
 TYPE N/A FROM _____ TO _____ FEET
 GRAVEL PACK: TYPE #2
 FROM 30 TO 91 FEET
 STATIC WATER LEVEL: DATE 5/18/87
12 FT (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL: 91.5 BELOW GRADE
 AFTER 2 HOURS AT 60 GPM.

WELL HEAD COMPLETION:
 TYPE: FITLESS ADAPTOR
 OTHER
 _____ INCHES ABOVE GRADE

TYPE OF PERMANENT PUMP INSTALLED:
 PUMP MANUFACTURE N/A
 RATED CAPACITY (GPM) N/A
 PUMP INTAKE SETTING N/A FT. BELOW GRADE
 THE COMPLETED WELL IS?
 A. AT LEAST 5' FROM ANY OVERHANG 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 100' FROM COMPLETED WELL
 IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

RECEIVED

JUN 9 1987

WATER SUPPLY

Q644-05

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
top soil	0	1
fine sand	1	5
gray clay	5	7
fine sand	7	35
shale & blocks	35	36
hard tan sand	36	94
gray clay	94	96
fine sand	96	120

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF _____ PAGES
 COMPANY NAME Delmarva Drilling Service
 SIGNATURE OF DRILLER IN CHARGE C. Wm. Cowgill DATE _____

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