

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 MUST
 BE RETURNED 30 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 99346 LOCAL ID _____

OWNER HAROLD HASTINGS

CONSTRUCTION DATE 7/15/94

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 45'

CASING SEQUENCE

CASING TOP
 CASING BOTTOM
 CASING DIAMETER
 CASING MATERIAL

INNER	OUTER
	1
	35'
	2
	36"

SCREEN SEQUENCE

SCREEN TOP
 SCREEN BOTTOM
 SCREEN DIAMETER
 SCREEN MATERIAL

INNER	OUTER
	35'
	25'
	2
	36"

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 30 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE MF FROM 30 TO 45 FEET

GRAVEL PACK: TYPE _____

FROM _____ TO _____ FEET

STATIC WATER LEVEL: DATE 7/15/94

10 FT. (Below/above) GROUND SURFACE

PUMPING WATER LEVEL _____ FT. BELOW GRADE

AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: RITLESS ADAPTOR

OTHER 40

40 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____

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 YES NO
 OF ANY TILE FIELD

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? YES NO

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

0654-01

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>Sand</u>	1	10
<u>Clay</u>	10	30
	20	35
<u>Sand</u>	35	45
<u>Gravel</u>	40	45

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

PAGE 1 OF _____ PAGES

COMPANY NAME Wooten Well Drilling

SIGNATURE OF DRILLER IN CHARGE _____ DATE _____