

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

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WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 82617 LOCAL ID _____

OWNER Pat Walker

CONSTRUCTION DATE 5-13-90

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 soon

ABANDONMENT METHOD ben

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 80

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>+</u>	
CASING BOTTOM	<u>70</u>	
CASING DIAMETER	<u>4</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>70</u>	
SCREEN BOTTOM	<u>80</u>	
SCREEN DIAMETER	<u>4</u>	
SCREEN MATERIAL	<u>PVC</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____
 FROM 5 TO 50 FEET

NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE sand/clay FROM 50 TO 70 FEET

GRAVEL PACK: TYPE none
 FROM 70 TO 80 FEET

STATIC WATER LEVEL: DATE 5-13-90
20 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: _____ FT. BELOW GRADE
 AFTER 5 HOURS AT 20 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER _____
8 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

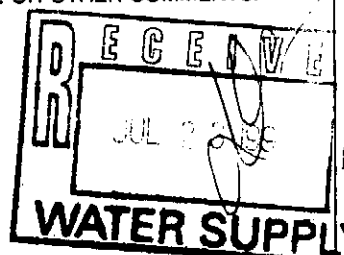
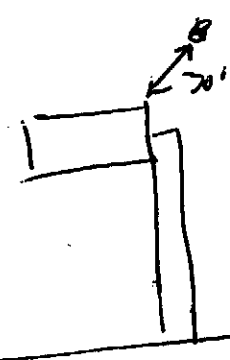
PUMP MANUFACTURE _____
 RATED CAPACITY (GPM) _____
 PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

	YES	NO
A. AT LEAST 15' FROM ANY FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>
B. AT LEAST 50' FROM ANY SEPTIC TANK	<input type="checkbox"/>	<input type="checkbox"/>
C. AT LEAST 10' FROM TOWN SEWER LINE	<input type="checkbox"/>	<input type="checkbox"/>
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	<input type="checkbox"/>	<input type="checkbox"/>

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.



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Soil	0	250
Tan Sand	2	
Gray Clay	20	30
Dark Tan Sand/gravel	30	50
Tan Sand	50	70
Coarse Dark Tan Sand	70	8

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF _____ PAGES
 COMPANY NAME Lakehome Well Drilling
 SIGNATURE OF DRILLER IN CHARGE: Walter R. [Signature] DATE _____