

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

PLEASE PRINT

WELL COMPLETION REPORT

PERMIT NO. 56214 LOCAL ID 101

OWNER Marshall Phillips

CONSTRUCTION DATE 6-20-84
PURPOSE TEST PERMANENT

- USE
- DOMESTIC
 - COMMERCIAL
 - IRRIGATION
 - MONITOR
 - HEAT PUMP RECHARGE
 - OTHER (Specify)
 - AGRICULTURAL
 - INDUSTRIAL
 - PUBLIC
 - DEWATERING
 - HEAT PUMP SUPPLY

IS THIS A REPLACEMENT WELL? YES NO
ABANDONMENT DATE FOR OLD WELL _____
ABANDONMENT METHOD _____

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

TOTAL DEPTH DRILLED 10

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	31			
CASING BOTTOM	21			
CASING DIAMETER				
CASING MATERIAL	pc			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	21			
SCREEN BOTTOM	101			
SCREEN DIAMETER				
SCREEN MATERIAL	pc			

GROUT TYPE CEMENT BENTONITE CLAY
OTHER _____
FROM 3 TO 20 FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE Flow FROM _____ TO _____ FEET
GRAVEL PACK TYPE Flow
FROM 20 TO 101 FEET
STATIC WATER LEVEL DATE 6-20-84
10 FT. ABOVE GROUND SURFACE
PUMPING WATER LEVEL 12 FT. BELOW GRADE
AFTER 2 HOURS AT 80 GPM.

WELL HEAD COMPLETION:
TYPE: FITLESS ADAPTOR
OTHER _____
12 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 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 PITY
IS _____ FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS _____

in field
DC 24-07

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>Top Sand</u>	<u>0</u>	<u>5</u>
<u>Thin Clay</u>	<u>5</u>	<u>17</u>
<u>Med-Bn Shd</u>	<u>17</u>	<u>65</u>
<u>Clay Sand</u>	<u>65</u>	<u>101</u>
<u>Shale</u>		

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
PAGE 1 OF _____ PAGES
COMPANY NAME Reflex Well Co.
SIGNATURE OF DRILLER [Signature] DATE _____

DL-CR-88 02-00-10-01-02

WRITE - OWNER CANARY - CONTRACTOR PINK - OWNER

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