

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. 60562 LOCAL ID 101

OWNER Allen's Hatchery

CONSTRUCTION DATE 3-15-85

PURPOSE TEST REPLACEMENT

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 _____

DRILLING METHOD
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
TOTAL DEPTH DRILLED 102

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	71			
CASING BOTTOM	42			
CASING DIAMETER	12			
CASING MATERIAL	PC			

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	42			
SCREEN BOTTOM	19 1/2			
SCREEN DIAMETER	12			
SCREEN MATERIAL	PC			

WRITTEN APPROVAL FOR SCREENING/
GRAVEL PACKING DEEPER THAN ONE FOOT
MUST BE OBTAINED FROM DNR/EC

GROUT TYPE: CEMENT BENTONITE SLURRY OTHER: Gravel

FROM 0 TO 22 FEET

NON-GROUT BACKFILL OF WELL ANNULAR SPACE

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE Gravel

FROM 20 TO 100

STATIC WATER LEVEL: DATE 3-15-85

19 FT. (above) GROUND SURFACE

PUMPING WATER LEVEL: 12 FT. BELOW GRADE

AFTER 5 HOURS AT 60 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

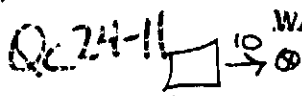
THE COMPLETED WELL IS?
A. AT LEAST 5' FROM ANY OVERHANG YES NO
B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
C. AT LEAST 10' FROM TOWN SEWER LINE YES NO
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD YES NO

THE NEAREST NEIGHBORS (CIRCLE ONE)
SEPTIC TILE FIELD CESSPOOL OR POND PRIVATE
IS _____ FROM COMPLETED WELL
IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES NO

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS

RECEIVED

MAY 2 1985



WATER SUPPLY

DRILLER'S LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Sand	0	8
Thin Clay & Sand	8	15
Coarse White Sand	15	32
White Clay & Sand	32	38
Coarse White Sand	38	42
Coarse Tan Sand	42	102

SUPPLEMENTAL DRILLER'S LOG ATTACHED YES NO

PAGE 1 OF _____

COMPANY NAME State Well Drilling

SIGNATURE OF DRILLER'S CHARGE: _____ DATE _____

WTR NO. 60561

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