

STATE OF DELAWARE
 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 10 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

WELL NO. 76434 LOCAL ID _____
 OWNER Steve Coker
 CONSTRUCTION DATE 1-30-89
 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 _____
 ABANDONMENT METHOD _____

DRILLING METHOD
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 42

CASING SEQUENCE

| DEPTH | NOTE |
|-------------|------|
| 0-17 1/2' | |
| 17 1/2'-21' | |
| 21'-24' | |
| 24'-42' | |

CASING TOP _____
 CASING BOTTOM _____
 CASING DIAMETER _____
 CASING MATERIAL _____

SCREEN SEQUENCE

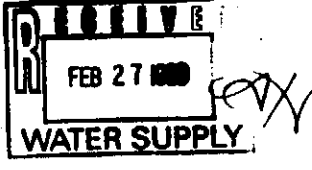
| DEPTH | NOTE |
|---------|------|
| 0-4' | |
| 4'-12' | |
| 12'-42' | |

SCREEN TOP _____
 SCREEN BOTTOM _____
 SCREEN DIAMETER _____
 SCREEN MATERIAL _____

GRAVEL TYPE: CEMENT BENTONITE CLAY
 OTHER _____
 FROM 0 TO 30 FEET
 NON-GRAVEL BACKFILL OF WELL ANNULUS
 TYPE _____ FROM _____ TO _____ FEET
 GRAVEL PACK: TYPE _____
 FROM 30 TO 42 FEET
 STATIC WATER LEVEL: DATE 1-30-89
2 FT. (Below, above) GROUND SURFACE
 PUMPING WATER LEVEL: _____ FT. BELOW GRADE
 AFTER 3 HOURS AT 30 GPM.

WELL HEAD COMPLETION:
 TYPE: RITLESS ADAPTOR
 OTHER _____
 _____ INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:
 PUMP MANUFACTURE Grundfos
 RATED CAPACITY (GPM) 35
 PUMP INTAKE SETTING 35 FT. BELOW GRADE
 THE COMPLETED WELL IS?
 YES NO
 A. AT LEAST 15' FROM ANY FOUNDATION
 B. AT LEAST 50' FROM ANY SEPTIC TANK
 C. AT LEAST 10' FROM TOWN SEWER LINE
 D. AT LEAST 100' FROM THE NEAREST EDGE
 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?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.



Qd23-09

| DRILLERS LOG DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA |
|--------------------------|---------------|------------------|
| top soil | 0 | 1 |
| brown sand w/clay | 1 | 5 |
| white sand w/clay | 5 | 20 |
| brown sand w/clay | 20 | 28 |
| tan sand m-c | 28 | 42 |
| | | |
| | | |
| | | |
| | | |

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
 PAGE 1 OF 1 PAGES
 COMPANY NAME American Under Well Systems
 SIGNATURE OF DRILLER IN CHARGE: Calvin Walker DATE 2-12-89

Document 20-06/78/05/10