

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

in
 7
Qd 32-5

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 82239 LOCAL ID _____

OWNER Rt. 13 Market

CONSTRUCTION DATE 4-7-90

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 5-0-90

ABANDONMENT METHOD Best method

DRILLING METHOD

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

TOTAL DEPTH DRILLED 100

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>1</u>	
CASING BOTTOM	<u>92</u>	
CASING DIAMETER	<u>4</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>92</u>	
SCREEN BOTTOM	<u>100</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 92 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE sand fill FROM 85 TO 92 FEET

GRAVEL PACK: TYPE grit

FROM 5 TO 75 FEET

STATIC WATER LEVEL: DATE 4-7-90

20 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: 60 FT. BELOW GRADE

AFTER 3 HOURS AT 75 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)

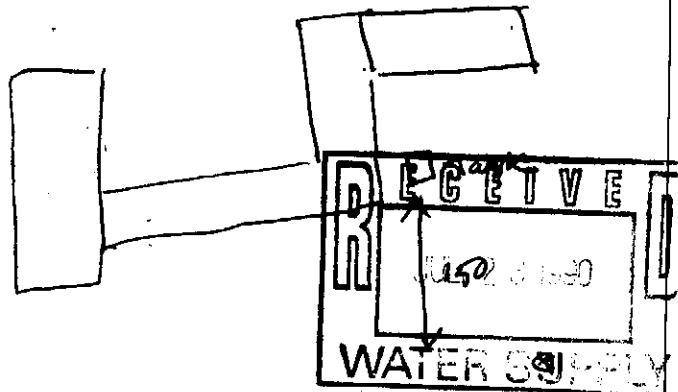
SEPTIC TILE FIELD CESSPOOL OR PRIVY _____

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
<u>Top Soil</u>	<u>0</u>	<u>2</u>
<u>Light Tan Sand</u>	<u>2</u>	<u>20</u>
<u>Dark Tan Sand + Gravel</u>	<u>20</u>	<u>60</u>
<u>Tan Sand</u>	<u>60</u>	<u>80</u>
<u>Coarse Tan Sand</u>	<u>80</u>	<u>100</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Lifetime Well Drilling

SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____

W. M. West 4-30-90