

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

Q633-8

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 74125 LOCAL ID _____

OWNER SUSSEX MACHINE SHOP
Rte. #4, Box 996, Laurel, DE

CONSTRUCTION DATE 5-12-88

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 60

CASING SEQUENCE

	INNER	OUTER
CASING TOP	+1	
CASING BOTTOM	45	
CASING DIAMETER	4	
CASING MATERIAL	PVC	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	45	
SCREEN BOTTOM	40	
SCREEN DIAMETER	4	
SCREEN MATERIAL	PVC	

WRITTEN APPROVAL FOR SCREENING/
 GRAVEL PACKING MORE THAN 75% ABOVE
 SCREEN MUST BE OBTAINED FROM WREC

GROUT TYPE CEMENT BENTONITE CLAY

OTHER _____

FROM 3 TO 20 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE SAND/CLAY FROM 20 TO 60 FEET

GRAVEL PACK TYPE _____ CRIT _____

FROM 20 TO 60 FEET

STATIC WATER LEVEL DATE 5-12-88

10 FT (20%) ABOVE GROUND SURFACE

PUMPING WATER LEVEL _____ FT BELOW SURFACE

AFTER 5 HOURS AT 75 GPM

WELL HEAD COMPLETION:

TYPE: PITLESS 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 15' FROM ANY FOUNDATION YES NO
 B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
 C. AT LEAST 10' FROM TOWN BOWER LINE YES NO
 D. AT LEAST 100' FROM THE NEAREST EDGE YES NO
 OF A FIELD

THE NEAREST NEIGHBORS (CIRCLE)

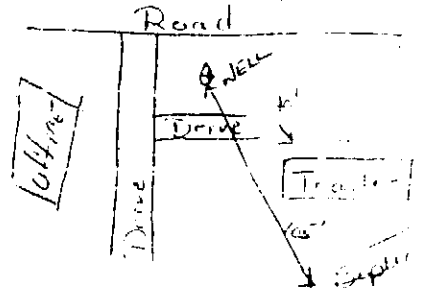
SEPTIC TANK FIELD CESSPOOL OR PRIVY

IS _____ FEET 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

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Topsoil	0	1
Gray, Pink & Red Clay	1	5
Tan Sand	6	14
Coarse Gravel	14	21
Med./Coarse Dark Tan Sand	23	34
Crs. gravel & Tan Sand	35	50
Coarse Tan Sand	50	60

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

PAGE 1 OF 1 PAGES

COMPANY NAME LIFETIME WELL DRILLING CO.

SIGNATURE OF DRILLER IN CHARGE _____ DATE _____

Alt 32

LAU PINK - OWNER