

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

MAIL TO:
WATER SUPPLY BRANCH
DIVISION OF ENVIRONMENTAL CONTROL
P.O. BOX 1401
DOVER, DELAWARE 19803

WELL COMPLETION REPORT MUST
BE RETURNED 30 DAYS AFTER
CONSTRUCTION DATE

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 81379 LOCAL ID _____

OWNER Donald Orem Wolf

CONSTRUCTION DATE 6-23-90 PERMANENT

PURPOSE: TEST

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 _____

ABANDONMENT METHOD _____

DRILLING METHOD

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

TOTAL DEPTH DRILLED 74'

CASING SEQUENCE

INNER	OUTER
12" PVC	
6" PVC	
4" PVC	
PVC	

SCREEN SEQUENCE

INNER	OUTER
6" 4"	
74"	
4"	
PVC	

WRITER APPROVAL FOR SCREENING/
GRAVEL PACKING MORE THAN ONE AGU-
FEET MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 3 TO 60 FEET

NON-GROUT BACKFILL OF WELL ANNULUS
TYPE none FROM _____ TO _____ FEET

GRAVEL PACK: TYPE none

FROM _____ TO _____ FEET

STATIC WATER LEVEL: DATE 6-23-90
10 FT (below above) GROUND SURFACE

PUMPING WATER LEVEL: 20 FT. BELOW GRADE

AFTER 1 HOURS AT 40 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?

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

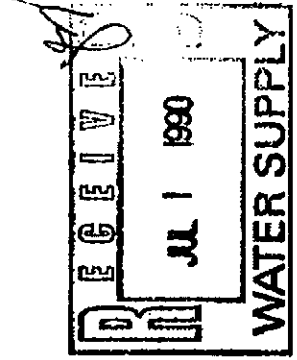
THE NEAREST NEIGHBORS (CIRCLE ONE)

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.



QF23-07

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

top soil clay	0	11
sand	11	39
clay	39	43
sand	43	60
coarse sand gravel	60	74'

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME _____ DATE _____

SIGNATURE OF DRILLER IN CHARGE: Barbara J. Orling 6-26-90