

0911-07

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST  
BE RETURNED WITHIN 30 DAYS  
AFTER CONSTRUCTION DATE.

FIELD BRANCH  
OF WATER RESOURCES  
BOX 1401  
DELAWARE 19903

MONITOR / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE  
PERMIT NO. 78295 LOCAL ID SB1  
Owner Harold Mumford  
Address Rt. 2, Box 319 DE Zip 19966  
City Millisboro State  
Telephone Number 934-7563  
Consulting Firm/Supervising Geologist (If applicable)  
ECS/BOB ORGAIN  
Telephone Number 410-543-0068  
Well Contractor A.C. Schultes of DE, Inc.  
Date of Completion 2/10/93  
Name of DNREC Contact Person David Lerner  
Drilling Method Auger

IS COMPLETED WELL LOCATED AS SHOWN ON  
APPLICATION FORM? YES [X] NO [ ]  
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

*VB*

WELL CONSTRUCTION

Total depth drilled: 12  
Depth to water \_\_\_\_\_  
Surveyed Top of Casing Elevations \_\_\_\_\_ Ft. above Sea Level  
Inner \_\_\_\_\_ Outer \_\_\_\_\_

CASING SEQUENCE

Inner casing \_\_\_\_\_ Outer casing \_\_\_\_\_  
Casing top \_\_\_\_\_  
Casing bottom \_\_\_\_\_  
Casing diameter \_\_\_\_\_  
Casing material \_\_\_\_\_  
Screen top \_\_\_\_\_  
Screen bottom \_\_\_\_\_  
Screen diameter \_\_\_\_\_  
Screen material \_\_\_\_\_

Type of Grout \_\_\_\_\_  
Gravel pack interval from \_\_\_\_\_ to \_\_\_\_\_  
Aquifer/Formation screened in: \_\_\_\_\_  
Type of samples (ditch, split spoon, etc.) \_\_\_\_\_

Samples Logged By: \_\_\_\_\_ (Name)  
\_\_\_\_\_  
(Title) \_\_\_\_\_ (Company)

Well Drilled By: A.C. SCHULTES OF DE, INC.  
(Company Name)

B.P. DeLoach 2/12/93  
(Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
<u>Topsoil</u>	<u>0</u>	<u>1</u>
<u>Fine Tan Sand</u>	<u>1</u>	<u>12</u>

RECEIVED  
FEB 16 1993  
WATER SUPPLY

SUPPLEMENTAL DRILLERS LOG ATTACHED?

YES [ ] NO [X]  
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