

MAIL TO:
 WATER SUPPLY BRANCH
 DIVISION OF WATER RESOURCES
 P.O. BOX 1401
 DOVER, DELAWARE 19903

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

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

MONITOR WELL COMPLETION REPORT

Q914-33

PLEASE PRINT OR TYPE

PERMIT NO. 81420 LOCAL ID MM#1
 Owner Kellam Energy, Inc.
 Address P.O. Box 246
 City Belle Haven State VA Zip 23306
 Telephone Number 804-442-5811
 Consulting Firm/Supervising Geologist (If applicable)
Diamond State Environmental, Inc.
 Telephone Number 678-0264
 Well Contractor Dia State Env, Inc.
 Date of Completion _____
 Name of DNREC Contact Person Ann Heller
 Drilling Method hollow stem auger

WELL CONSTRUCTION

Total depth drilled: 25
 Depth to water _____
 Surveyed Top of Casing Elevations
 _____ Ft. above Sea Level
 Inner _____ Outer _____

CASING SEQUENCE

Inner casing	Outer casing
<u>0.5</u>	
<u>4</u>	
<u>4</u>	
<u>PVC</u>	

SCREEN SEQUENCE

Inner casing	Outer casing
<u>4</u>	
<u>24</u>	
<u>4</u>	
<u>PVC</u>	

Type of Grout Bentonite/Cement from 0 to 3
 Gravel pack interval from 3 to 24
 Aquifer/Formation screened in: Columbia
 Type of samples (ditch, split spoon, etc.)
auger, split spoon 8-10

Samples Logged By: Delano Pettit
(Name)

Well Driller, Diamond State Env, Inc.
(Company Name)

Well Drilled By: Dia State Env, Inc.
(Company Name)

Malford C. P. Pitt Jr. 2-7-90
(Signature of Driller in Charge) (Date)

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

SPRE
 STORES
 PILES
 MU#3
 MU#2
 U.S. 113

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Blacktop	0	2"
Tan fine to medium sand with silt	2"	1'
Gray fine to medium sand with silt	1	3
Brown fine to medium sand with silt	3	6
Tan fine to medium sand with silt and clay	6	8
Tan fine to medium sand with silt	8	9
Orange fine to med sand with silt	9	10
Orange fine to med sand with silt	10	25

REG E W E
 FEB 7 1990
 WATER SUPPLY

SUPPLEMENTAL DRILLERS LOG ATTACHED?

YES [] NO [X]
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