

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

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 71278 LOCAL ID 4DT

OWNER W/D Ag Engineers

CONSTRUCTION DATE 10/17/87
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 N/A

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
TOTAL DEPTH DRILLED 11.7'

CASING SEQUENCE

	INNER	OUTER
CASING TOP	<u>12.0'</u>	
CASING BOTTOM	<u>7.2'</u>	
CASING DIAMETER	<u>1.25</u>	
CASING MATERIAL	<u>PVC</u>	

SCREEN SEQUENCE

	INNER	OUTER
SCREEN TOP	<u>7.2'</u>	
SCREEN BOTTOM	<u>9.7'</u>	
SCREEN DIAMETER	<u>1.25</u>	
SCREEN MATERIAL	<u>PVC</u>	

WRITTEN APPROVAL FOR SCREENING/
GRAVEL PACKING MORE THAN ONE AQU-
IFER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY
OTHER: _____
FROM 0 TO 6 FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE collapse FROM 6 TO 11.7 FEET
GRAVEL PACK: TYPE N/A
FROM _____ TO _____ FEET
STATIC WATER LEVEL: DATE 10/17/87
5 FT. (Below, above) GROUND SURFACE
PUMPING WATER LEVEL: _____ FT. BELOW GRADE
AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
OTHER PVC CAP
1 1/4 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 _____ FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN
ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Pg 24-05

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>DK. BRN. SANDY SILT</u>	<u>0</u>	<u>2.5'</u>
<u>ORANGE YELLOW M. SAND</u>	<u>2.5'</u>	<u>11.0'</u>
<u>DK. ORANGISH BRN-F-M SAND</u>	<u>4.0'</u>	<u>7.0'</u>
<u>DK GRAY F-M SAND</u>	<u>7.0'</u>	<u>10.0'</u>
<u>DK GRAY CLAYEY SILT W/ SHALLO</u>	<u>10.0'</u>	<u>11.7'</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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COMPANY NAME DGS
SIGNATURE OF DRILLER IN CHARGE: Island C. Wounds DATE 10/20/87