

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 / OBSERVATION WELL COMPLETION REPORT

PLEASE PRINT OR TYPE

PERMIT NO. 103520 LOCAL ID MS4
 Owner W of Delaware
 Address _____
 City Newark State DE Zip 19710
 Telephone Number 831-2833
 Consulting Firm/Supervising Geologist (If applicable)
DGS / ~~W of Delaware~~ A.S. Andrews
 Telephone Number _____
 Well Contractor DGS
 Date of Completion 7.95
 Name of DNREC Contact Person Dr. V. ...
 Drilling Method HAND AUGER

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

Qg 32-09
LAT 38 32 45
LONG 75 18 55
MAP EL. 41

WELL CONSTRUCTION

Total depth drilled: 7.3
 Depth to water 2.22 below TDC
 Surveyed Top of Casing Elevations
 Inner Outer Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	1.3	
Casing bottom	4	
Casing diameter	2	
Casing material	Pvc	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	4	
Screen bottom	7.3	
Screen diameter	2	
Screen material	- PVC	

Type of Grout BENT from 0 to 2.5
 Gravel pack interval from 2.5 to 6
 Aquifer/Formation screened in: _____
 Type of samples (ditch, split spoon, etc.)
CONINGS

Samples Logged By: A.S. Andrews
 (Name)
DGS
 (Title) (Company)

Well Drilled By: DGS
 (Company Name)
[Signature] 6/1/95
 (Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIPT.	TOP OF STRATA	BOTTOM
SCT; Dig. Sdy f Black	0	1.1
SCT Sdy to Dig in Sand	1.1	1.5
SD f. m. Sdy	1.5	
H. CON. Gray		2.3
SD m.f. to SH H	2.3	
Gray H ₂ S odor		3
SD m.f. to Gr	3	
H. y. bent w/ lamellae		
SD m.f. y. OR		4.3
SD P. m. to SH to Gr	4.3	
H. Gray. CON. Gray		5.7
SLT Sdy f Orgy BEN	5.7	
w/ H. Gray lamellae		6
H ₂ S odor heavy in some		4
thinly bedded SD f	6	
Sdy - SD Pc to Gr		
H. Gray CON. Gray		7.3

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES [] NO []
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