

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. 76005 LOCAL ID _____

OWNER Allens Hatchery

CONSTRUCTION DATE 10/19/88

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 _____

DRILLING METHOD

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

TOTAL DEPTH DRILLED 283'

CASING SEQUENCE

DEPTH	DIAMETER	MATERIAL
0 - 260	4"	PC
260 - 283	4"	PC

SCREEN SEQUENCE

DEPTH	DIAMETER	MATERIAL
0 - 260	4"	PC
260 - 283	4"	PC

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 0 TO 240 FEET

FROM-GROUT BACK-FILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE _____

FROM 240 TO 283 FEET

STATIC WATER LEVEL DATE 10/19

2 FT. (below) ABOVE GROUND SURFACE

PUMPING WATER LEVEL: 26 FT. BELOW GRADE

AFTER 2-5 HOURS AT 40 GPM.

WELL HEAD COMPLETION:

TYPE: FITLESS ADAPTOR

OTHER CA-005A

12 INCHES ABOVE GROUND

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. AT LEAST 50' FROM ANY SEPTIC TANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. AT LEAST 10' FROM TOWN SEWER LINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. AT LEAST 100' FROM THE NEAREST EDGE OF ANY TILE FIELD	<input checked="" type="checkbox"/>	<input type="checkbox"/>

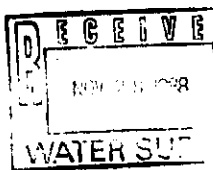
THE NEAREST NEIGHBORS (CIRCLE ONE)

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 _____



Q934-06

DRILLERS LOG DESCRIPTION TOP OF STRATA BOTTOM OF STRATA

Top soil	0	1
Fn sand w/clay	1	15
Fn/md sand	15	23
Fn/crse gry sand	23	53
Fn/crse gry sand		
4 ir ore	53	119
Fn sand w/clay lsrs	119	198
Gry clay	198	210
Fn sand & clay	210	241
Fn/crse sand	241	283

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME American Water Well Systems

SIGNATURE OF DRILLER IN CHARGE: _____ DATE 10/19/88

DD FORM 10 10-80 70-01-00

WHITE - DRIBEC

CANNY - CONTRACTOR

PINK - OWNER

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