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

PLEASE PRINT OR TYPE #5	
PERMIT NO. B2942 LOCAL ID Owner Allens Hatchery, Class: Address P.O. Boy 1300 City Seaford, State De. Zip 19913 Telephone Number 232-9511 Consulting Firm/Supervising Geologist (If applicable)	IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES [1 NO!] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
Well Contractor George Daisty Well Drilling Date of Completion	G 934-19
Depth to water	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM Admil mallim 16" 28" Limit 2011 105" 180"
Casing sequence Inner casing Outer casing Casing top Casing bottom Casing diameter Casing material	
SCREEN SEQUENCE Inner casing Outer casing Screen top Screen bottom Screen diameter Screen material	
Type of Grout GENTONIE from to to Gravel pack interval from to Ki Aquifer/Formation screened in: Type of samples (ditch. split spoon, etc.)	
Samples Logged By: (Name)	
Well Drilled By: Asig & Dation well Oull	
(Signature of Daller in Charge) Alse, 9-17-90 (Date,	SUPPLEMENTAL DRILLERS LOG ATTACHED? YES[] NO[