

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

CM

PLEASE PRINT OR TYPE

PERMIT NO. 88709 LOCAL ID MW #1
 Owner PENINSULA GENERAL HOSPITAL
 Address 100 E. CAROL ST.
 City SALISBURY State MD. Zip 21801
 Telephone Number 301-548-7142
 Consulting Firm/Supervising Geologist (If applicable)

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

Telephone Number MARCELA F DELMARVA
 Well Contractor DENNIS C. MOORE
 Date of Completion 10-9-91
 Name of DNREC Contact Person FRANK GAVAS
 Drilling Method H.S.A

NOV - 5 1991

Qg35-08

WELL CONSTRUCTION

Total depth drilled: 8'
 Depth to water 3'-4"
 Surveied Top of Casing Elevations
32.43' Inner Outer Ft. above Sea Level

DRILLERS LOG DESCRIPT.	TOP OF STRATA	BOTTOM
<u>0'-2'</u>	<u>Top soil</u>	<u>Top soil</u>
<u>2'-4'</u>	<u>1' top soil</u>	<u>1' sand</u>
<u>4'-6'</u>	<u>sand clay</u>	<u>sand</u>
<u>6'-8'</u>	<u>sand</u>	<u>fine sand</u>

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	<u>0'</u>	
Casing bottom	<u>2'</u>	
Casing diameter	<u>4"</u>	
Casing material	<u>PVC</u>	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	<u>2'</u>	
Screen bottom	<u>8'</u>	
Screen diameter	<u>4"</u>	
Screen material	<u>PVC</u>	

Type of Grout PORTLAND CEMENT MIX from 0' to 2'
 Gravel pack interval from 8' to 2'
 Aquifer/Formation screened in: OMAR

Type of samples (ditch, split spoon, etc.)
split spn (0-2')(2-4')(4-6')(6-8')

Samples Logged By: TIM MUMFORD
 (Name)

Assistant Operation Manager
 (Title) MARCELA F DELMARVA
 (Company)

Well Drilled By: MARCELA F DELMARVA
 (Company Name)

(Signature of Driller in Charge) _____ (Date) _____

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES [] NO []
 PAGE 1 OF _____ PAGES