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. 88711 LOCAL ID M.W #3
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)
Telephone Number Marcor of Delmarva
Well Contractor Dennis C. Moore
Date of Completion 10-9-91
Name of DNREC Contact Person Frank Gavas
Drilling Method H.S.A.

WELL CONSTRUCTION

Total depth drilled: 11
Depth to water 4'
Surveyed Top of Casing Elevations
33.30' (Inner) _____ (Outer) Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	0'	
Casing bottom	3'	
Casing diameter	4"	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	3'	
Screen bottom	11'	
Screen diameter	4"	
Screen material	PVC	

Type of Grout Portland Cement Mix from 0' to 3'
Gravel pack interval from 11' to 3'
Aquifer/Formation screened in: OMAR
Type of samples (ditch, split spoon, etc.)
Split spoon (1'-3')(3'-5')(5'-7')(7'-9')(9'-11')

Samples Logged By: Tim Mumford (Name)
Assistant Operations Manager (Title)
Marcor of Delmarva (Company)

Well Drilled By: Marcor of Delmarva (Company Name)

(Signature of Driller in Charge) (Date)

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

Qg35-10

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
1'-3'	Top soil	Coarse sand
3'-5'	Coarse sand	Coarse sand
7'-9'	Wet sand	Fine sand
10'-11'	Fine sand	Fine sand

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

White - Water Supply • Canary - Other • Pink - Owner • Goldenrod - Contractor

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