## 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. 10555 LOCAL ID 4055	IS COMPLETED WELL LOCATED AS SHOWN ON
Owner	APPLICATION FORM? YES[] NO[~]
Address	IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
Address State Zip ?***	- 38 St 47
Telephone Number	
Consulting Firm/Supervising Geologist (If applicable)	75 19 16
Post 2 / 1 2 1 22 + 3	D-11 02
	- Q971-Q9
Telephone Number	
Date of Completion	
Name of DNREC Contact Person	
Drilling Method	
WELL CONSTRUCTION	
Total depth drilled:	
Depth to water 5.36	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM
Surveyed Top of Casing Elevations	
Et ahove Sea Level	30
Inner Outer	H y MAY / S
	50 0 4 to 30 to 100 5
CASING SEQUENCE	20 324 × 2114 15
Inner casing Outer casing	75
Casing top	
Casing bottom 5 5	
Casing diameter	
Casing material	
SCREEN SEQUENCE	37 ( ) 32
Inner casing Outer casing	
Screen top	50 for out, to 57
Screen bottom	10 % M 1
Screen diameter	11.5
Screen material	J 77 A 2 1 1 1 4 7
Type of Grout from to to	- Emilyery for me , has for any
Gravel pack interval fromtoto	_ Sixt *
Aquifer/Formation screened in:	- Transfer 1 1
Type of samples (ditch, split spoon, etc.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Reduce Training / man man	The transfer of the second
	wet in the start of the
	The many of the state of the st
Samples Logged By: (Name)	
(Name)	
<b>&gt;</b> .%	
(Title) (Company)	
Well Drilled By: (Company Name)	
(Company Name)	
	CUDDIEMENTAL DDILLEDGIAG ADDA CUEDO
I the state of the	SUPPLEMENTAL DRILLERS LOG ATTACHED?
(Signature of Driller in Charge) (Dat	YES[] NO[]
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