

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. 103536 LOCAL ID MS 19
Owner UNIV OF DEL
Address _____
City NEWARK State DE Zip 19716
Telephone Number 231-2833
Consulting Firm/Supervising Geologist (If applicable)
DGS / A S ANDRES
Telephone Number _____
Well Contractor DGS
Date of Completion 4.26.95
Name of DNREC Contact Person B VENABLES
Drilling Method HSA

WELL CONSTRUCTION

Total depth drilled: 12
Depth to water 4.41
Surveyed Top of Casing Elevations
_____ Ft. above Sea Level
Inner Outer

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	<u>0</u>	
Casing bottom	<u>6.2</u>	
Casing diameter	<u>2</u>	
Casing material	<u>PVC</u>	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	<u>6.2</u>	
Screen bottom	<u>9.5</u>	
Screen diameter	<u>2</u>	
Screen material	<u>PVC</u>	

Type of Grout BENT from 0 to 4
Gravel pack interval from _____ to _____
Aquifer/Formation screened in: _____
Type of samples (ditch, split spoon, etc.)
Auger Flite

Samples Logged By: A.S. ANDRES

(Name)

DGS

(Title)

(Company)

Well Drilled By: DGS

(Company Name)

[Signature] 5/8/95
(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.

LAT 38 31 47
LN 75 19 15.9
28 41-07

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
<u>SEE 103537</u>		

SUPPLEMENTAL DRILLERS LOG ATTACHED? YES [] NO []
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