

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. 103557 LOCAL ID 4520  
 Owner DGS  
 Address \_\_\_\_\_  
 City DUNKLE State DE Zip 19716  
 Telephone Number 301-2733  
 Consulting Firm/Supervising Geologist (If applicable)  
DGS / 13 ANDRES  
 Telephone Number \_\_\_\_\_  
 Well Contractor DGS  
 Date of Completion 4-26-95  
 Name of DNREC Contact Person B. V. JONES  
 Drilling Method HSA

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

LAT 383147.3  
 LONG 751915.8  
Q. 41-08

WELL CONSTRUCTION

Total depth drilled: 12  
 Depth to water 4.27  
 Surveyed Top of Casing Elevations  
 Inner \_\_\_\_\_ Outer \_\_\_\_\_ Ft. above Sea Level

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>4.5</u>	
Screen diameter	<u>2</u>	
Screen material	<u>PVC</u>	

Type of Grout BENT from 0 to 4  
 Gravel pack interval from 7 to 8  
 Aquifer/Formation screened in: \_\_\_\_\_  
 Type of samples (ditch, split spoon, etc.)  
ADUCK FLITE

Samples Logged By: B. V. JONES  
 (Name)  
DGS  
 (Title) (Company)

Well Drilled By: DGS  
 (Company Name)  
 \_\_\_\_\_  
 (Signature of Driller in Charge) (Date)

DRILLERS LOG DESCRIPT.	TOP OF STRATA	BOTTOM
TPSL SD from City	<u>0</u>	
organic blk		<u>0.8</u>
SD to SITE	<u>0.8</u>	
organic blk		<u>1.2</u>
SD to SITE	<u>1.2</u>	
SD 4.5		<u>4.5</u>
SD from to SITE	<u>4.5</u>	
C SD H GR		<u>8</u>
CL CITY H GR	<u>8</u>	<u>8.3</u>
SD from to SITE	<u>8.3</u>	
SD from to SITE		<u>12</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED?  
 YES [ ] NO [ ]  
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