

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

http://www.dnrec.state.de.us

FAXED

APPLICATION MUST BE SUBMITTED
AND PERMIT RECEIVED BEFORE
DRILLING IS STARTED. **MAR 23 2005**

RECEIVED
GROUNDWATER

**APPLICATION FOR A PERMIT
TO CONSTRUCT A WELL**

- OFFICIAL USE ONLY -

PAGE # _____
PERMIT NO: 209236

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE TYPE OR PRINT - USE BLUE OR BLACK INK ONLY

Property Owner: CATHERINE E Bunting
Address: RFD 1 Box 199
City: Dagsboro State: DEL Zip: 19939
Telephone Number: 302-732-6156
Licensed Preparer/WC: Thms J Davis
Lic. #: 4205 Date of Application: 3/22/05
Estimated Construction Date: 3/22/05

PURPOSE: Test Permanent Temporary for Well Construction

USE: Domestic Irrigation
 Industrial Agricultural
 Public Heat Pump Supply
 Miscellaneous Public Heat Pump Recharge
 Other (Specify): _____ Closed Loop Heat Pump

Is this a replacement well? NO YES (Reason): STOP UP

Is public water available? NO YES (Utility): _____

On public sewage? YES OR Septic system permit #: EXISTING

PROPOSED WELL CONSTRUCTION:

	Inner Casing	Outer Casing
Approximate total depth:	ft.	<u>55</u> ft.
Casing top (above grade):	in.	<u>10</u> in.
Casing bottom (below grade):	ft.	<u>45</u> ft.
Casing diameter:		<u>2</u>
Casing material:		<u>PVC</u>

Proposed screen setting: 45 ft. TO: 55 ft. Material: PVC

Type of Grout: BENTONITE From: 0 To: 40

Gravel pack: NO YES From: 45 To: 55

Maximum capacity: 12 (GPM) Max. Daily Withdrawal: 350 (GPD)

Will the operation of this well by itself or in combination with any other well(s), owned or operated by the permittee, withdraw greater than 50,000 gallons in any 24 hr. period? NO YES

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Thms J Davis 3/22/05
Signature - Licensed Preparer/Water Well Contractor Date

Catherine E Bunting 3/16-2005
Signature - Property Owner Date

Please release the contractor's copy of the permit and the well tag to the water well contractor noted on this application:

YES NO

LOCATION MAP - ROAD MAP

County: New Castle Kent Sussex

Subdivision: _____

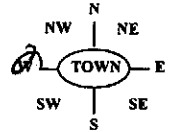
Lot #: _____ ADC Map Grid: _____

Tax Map/Parcel #: 23315.0028100

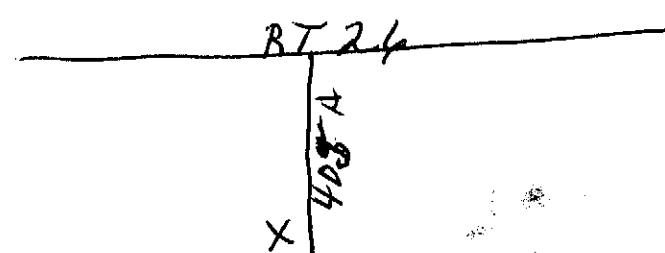
Name of Nearest Town: DAGSBORO

Distance to Nearest Town: 2

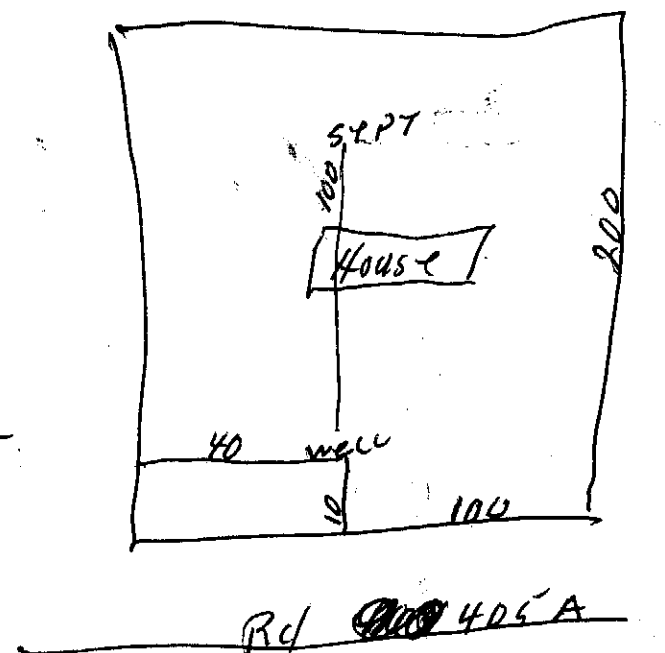
DIRECTION OF WELL FROM TOWN (CIRCLE DIRECTION)



Draw a sketch below showing location of well in relation to at least two county or state roads, give distance from well site to nearest road junction and SHOW A NORTH ARROW.



Site Plan - Include lot size and dimensions, distances from well to house, property lines, nearest road, and all nearby septic systems (include suitable plot plan if available).



PERMIT #: 209236-E

- FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -

Received By: LB Modified Grid: 168-064 DRBC: YES NO X-Coord: 213048
Amount: 35.00 Drainage Basin: 308 H₂O Utility: _____ Y-Coord: 589453
Date: 3-23-05 Quad: Millsboro Flood Zone: 4C10654 DOT #: MISC. 35.00

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DEPARTMENT OF NATURAL RESOURCES
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WELL COMPLETION REPORT
MUST BE RETURNED WITHIN 30
DAYS OF CONSTRUCTION. A
WELL FORMATION LOG MUST BE
INCLUDED WITH THIS REPORT.

PHONE: 302-739-3665
FAX: 302-739-7164

JAN 03 2006

WELL COMPLETION REPORT

- OFFICIAL USE ONLY -

PAGE _____ OF _____ PAGES

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WELL CONSTRUCTION METHOD

Permit # of completed well: 209236 Local ID: _____
Tax Map/Parcel #: 2-33-15.00-28.00
Property Owner: Catherine Bunting
Water Well Contractor: Tom's Well Drilling WCLic#: 4205
Well Driller in Charge during Construction: Tom Daisy

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 50
Construction Date: 3-22-05

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>12</u>						
CASING BOTTOM:	<u>40</u>						
CASING DIAMETER:	<u>2"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>40</u>						
SCREEN BOTTOM:	<u>50</u>						
SCREEN DIAMETER:	<u>2"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 40 ft. To: 50 ft.

Grout Type: Cement Bentonite Clay

Other: _____ From: 0 ft. To: 20 ft.

Type of Non-Grout backfill of Well Annulus: cuttings

From: 20 To: 40

Static Water Level: 3 ft. Below OR Above Ground Surface

On (date): 3-22-05

Pumping Water Level: 5 ft. On (date): 3-22-05

After: _____ hrs. Pumping at: 75 GPM

Was a Geophysical Log Taken? YES NO

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"

Well Pit Pad Mount

Other - Specify: _____

Well Head Completed: 12 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?

YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____

Rated Capacity (GPM): WA

Pump Intake Setting: _____ Ft. Below Ground Surface: _____

Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____

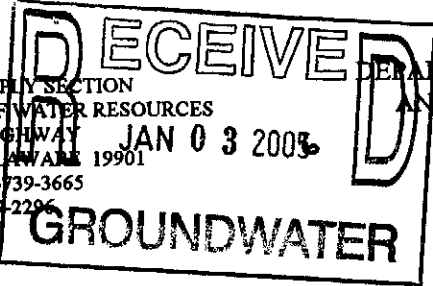
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Tom Daisy
Signature - Well Driller in Charge of Well Construction

4088 License # 1-3-06 Date

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PHONE: 302-739-3665
FAX: 302-739-2296



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FORMATION LOG

WELL COMPLETION REPORT MUST
BE RETURNED WITHIN 30 DAYS OF
CONSTRUCTION DATE

PAGE _____ OF _____ PAGES

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PERMIT# 209236 LOCAL ID# _____

PROPERTY OWNER Catherine Bunting

WELL CONTRACTOR Tom's Well Drilling LIC# 4205

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
35' clay Balls + clay	0'	35'
50' gray sand	35'	50'

OTHER COMMENTS: _____

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
Tom's 2 Day _____ 4088 _____ 1-3-06
Signature of Well Driller In Charge License# Date