

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. 103551 LOCAL ID WS3
 Owner UNIV OF DE
 Address _____
 City _____ State DE Zip 19716
 Telephone Number 301 833
 Consulting Firm/Supervising Geologist (If applicable)
DOUGLAS
 Telephone Number _____
 Well Contractor DOUGLAS
 Date of Completion 5-16-95
 Name of DNREC Contact Person W. V. ...
 Drilling Method SA

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

LIT 58 32 59
 10N 75 10 57
 Qh35-07

WELL CONSTRUCTION

Total depth drilled: 25
 Depth to water 10.15
 Surveyed Top of Casing Elevations
 Inner _____ Outer _____ Ft. above Sea Level

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	0	
Casing bottom	17.5	
Casing diameter	8	
Casing material	PVC	

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	17.5	
Screen bottom	22.5	
Screen diameter	8	
Screen material	PVC	

Type of Grout CEMENT from 0 to 7
 Gravel pack interval from 9 to 20
 Aquifer/Formation screened in: _____
 Type of samples (ditch, split spoon, etc.)
ANALYSIS

Samples Logged By: AS Douglas
 (Name)
DOUGLAS
 (Title) (Company)

Well Drilled By: DOUGLAS
 (Company Name)

[Signature]
 (Signature of Driller in Charge) 5/13/95
 (Date)

DRILLERS LOG DESCRIPT.	TOP OF STRATA	BOTTOM
TRSL SDF in City	0	
(10' BEN)		7
SDF CITY 4' BEN	7	10.3
SDF CITY 4' BEN	10.3	16
SDF CITY 4' BEN	16	8
4' BEN - GRAY		13
SDF CITY 4' BEN - GRAY	13	16
SDF CITY 4' BEN - GRAY	16	19
Thinly bedded SDF - f.c.	19	
tr SH + GRAY W/ SDF in		
SDF CITY 4' BEN - GRAY		25

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES [] NO [x]
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