

Qh41-21

MAIL TO:  
WATER SUPPLY SECTION  
DIVISION OF WATER RESOURCES  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901  
PHONE: 302-739-3665  
FAX: 302-739-2296

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL

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

APPLICATION MUST BE SUBMITTED AND  
PERMIT RECEIVED BEFORE DRILLING IS  
STARTED.

APPLICATION FOR A PERMIT  
TO CONSTRUCT A WELL

- OFFICIAL USE ONLY -

PAGE # 4 OF 4 PAGES  
PERMIT NO: 180204-W

PLEASE TYPE OR PRINT - USE BLUE OR BLACK INK ONLY -  
ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

GENERAL INFORMATION

Property Owner: John Heffell  
Address: CR 405 PO Box 86  
City: Frankford State: DE Zip: 19945  
Telephone Number: 302-732-7488  
Application Preparer/WC: WELPER  
Lic. #: 319 Date of Application: 7-23-01  
Estimated Construction Date: 7-28-01

Purpose:  Test or  Permanent  
Use:  Domestic  
 Industrial  
 Public  
 Miscellaneous Public  
 Temporary For Well Construction  
 Other (Specify):  
 Irrigation  
 Agricultural  
 Heat Pump Recharge  
 Closed Loop Heat Pump  
 Heat Pump Supply

Is this a replacement well?  NO  YES reason:  
Is public water available?  NO  YES (Specify):  
On public sewage:  YES OR  Septic system permit #: 1039-905

PROPOSED WELL CONSTRUCTION

Inner Casing	Outer Casing
<u>70</u>	
<u>72</u>	
<u>60</u>	
<u>74</u>	
<u>PVC</u>	

Approximate total depth: 60 (top) To: 70  
Casing top (above grade):  
Casing bottom (below grade):  
Casing diameter:  
Casing material:  
Tentative screen setting: 60 (top) To: 70  
Tentative screen length: 10 Material: PVC  
Type of Grout: Bent From: 0 (top) To: 20  
Gravel pack:  NO  YES From: 60 To: 70  
Desired capacity: 20 (GPM) Est. Max. Daily Use: 1000 (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.

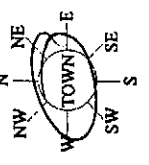
Wanda S. Ulfers 7/23/01  
Signature - Application Preparer / Water Well Contractor Date  
Pasandun Fall 7/23/01  
Signature - Property Owner Date

Please release the contractor's copy of the permit and the well tag to the water well contractor.  
 YES  NO

Received By: F. Duade Modified Grid: 178-067  
Amount: 35.00 Drainage Basin: 308  
Date: 7/24/01 Quad: Wilmington

LOCATION MAP - ROAD MAP

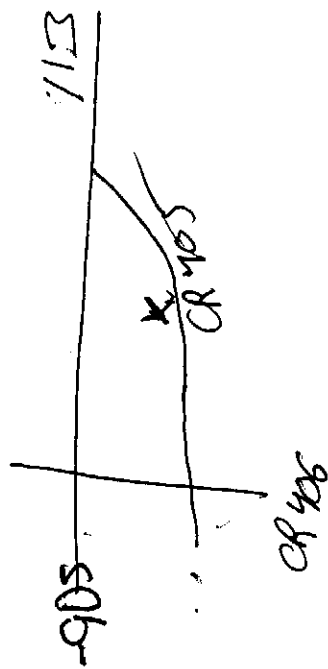
County:  New Castle  Kent  Sussex  
Subdivision: None  
Lot no:  
Tax Map#: 4-33-6-00 13.01  
Name of nearest town: Frankford



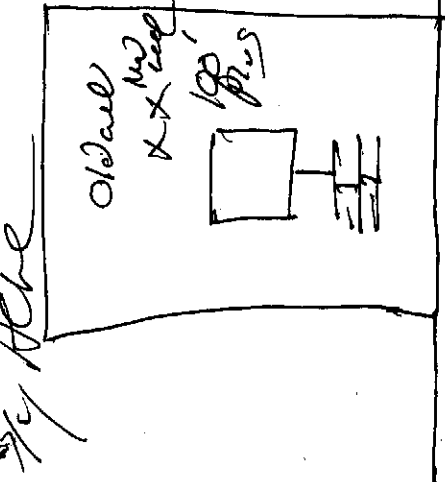
DIRECTION OF WELL FROM TOWN (CIRCLE DIRECTION)

Distance to nearest town:  
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.

N



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).



CR 405

Permit Number: 180204-W

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

DRBC:  YES  NO  
Formation:  
Acquirer: 24-01 4CL6761  
X-Coord: 2145558  
Y-Coord: 582414  
DOTM SC: 55.00

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
WELL COMPLETION REPORT

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

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

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

- OFFICIAL USE ONLY -

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED  
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Permit # of completed well: 180204 Local ID: \_\_\_\_\_  
Tax Map/Parcel #: 4-33-600-13.01  
Property Owner: John Hall W.C. Lic #: 319  
Water Well Contractor: Wesley  
Well Driller in Charge during Construction: E.L. Suckett

WELL CONSTRUCTION METHOD  
 Augered  Bored  Cable Tool  
 Driven  Jetted  Air Rotary  
 Mud Rotary  Reverse  Washed  
 Other (Specify): \_\_\_\_\_  
Total Depth of Excavation: 70'  
Construction Date: 7/26/01

CASING INSTALLATION:  
CASING TOP: 24" (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_  
CASING BOTTOM: 70'  
CASING DIAMETER: 7"  
CASING MATERIAL: Pvc

OUTER CASING  
\_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

SCREEN INSTALLATION  
SCREEN TOP: 60  
SCREEN BOTTOM: 70  
SCREEN DIAMETER: 2 1/2"  
SCREEN MATERIAL: Pvc

Gravel Pack From: 55 ft. To: 70 ft.  
Grout Type:  Cement  Bentonite Clay  
 Other: \_\_\_\_\_ From: 0 ft. To: 40 ft.  
Type of Non-Grout backfill of Well Annulus: none  
From: 40 To: 55  
Static Water Level: 6 ft.  Below OR  Above Ground Surface  
On (date): 7/26/01 ft. On (date): 7/26/01  
Pumping Water Level: 7 ft. On (date): \_\_\_\_\_  
After: 2 hrs. Pumping at: 30 GPM  
Was a Geophysical Log Taken?  YES  NO

TYPE OF PERMANENT PUMP INSTALLED:  
Pump Manufacturer: \_\_\_\_\_  
Rated Capacity (GPM): \_\_\_\_\_  
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: \_\_\_\_\_

WELL HEAD COMPLETION:  
Type:  Pitless Adapter  Standard "T"  
 Well Pit  Pad Mount  
 Other - Specify: \_\_\_\_\_  
Well Head Completed: 24 inches  Above (OR)  Below Ground Surface  
Was the Well Tag attached in accordance with current regulations?  
 YES  NO If "NO", Please Explain: \_\_\_\_\_

RECEIVED  
SEP 14 2001  
WATER SUPPLY  
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS  
ACCURATE AND CORRECT.  
[Signature]  
Signature - Well Driller in Charge of Well Construction  
4129 License # 7/26/01 Date

