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 WELL COMPLETION REPORT

PLEASE PRINT OR TYPE	<u>1941</u>
PERMIT NO. 176354 LOCAL ID MW-8	IS COMPLETED WELL LOCATED AS SHOWN ON
Owner Sereld Hocker	APPLICATION FORM? YES NO []
Address PO Box 93	IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.
City Cleans 1 State De Zip 19370	if no, describe location change or other comments.
City Oceanie 1 State De Zip 19970	
Telephone Number 307 11115	
Consulting Firm/Supervising Geologist (If applicable)	
Atlantic Hydrologic	
Telephone Number 697 3072	
Well Contractor _ we Der	
Date of Completion 1-25-00	
Name of DNREC Contact Person	
Drilling Method Augus	
	N:22-111
WELL CONSTRUCTION	Q:23-14
Total depth drilled:	
Depth to water	DRILLERS LOG DESCRIP. TOP OF STRATA BOTTOM
Surveyed Top of Casing Elevations	(Swown SAMO) O 3
Et about Cas I and	
Inner Outer Ft. above Sea Level	
	Plana Charliet 7
CASING SEQUENCE	10496 3114 S
Inner casing Outer casing	
Casing top	
Casing bottom 2.15	gray 560 5 125
Casing bottom	
Casing diameter 27	
Casing material	
SCREEN SEQUENCE	
Inner casing Outer casing	
Screen top 2.5	
Screen bottom 12-5	
Screen diameter 2''	
Screen material	
Bereen material	
Type of Grout Dent from 0 to 25	
or a series poor most full from the series and the series and the series and the series are series are series and the series are se	
Aquifer/Formation screened in:	
Type of samples (ditch, split spoon, etc.)	
Flife	
	RECEIVED
Samples Logged By: See Kay 1-1.11	FEB 0 7 2001
(Name)	
Atlante 11-9-1-	
(Title) (Company)	- WATER SUPPIN
(, ¬company)	
Well Drilled By: Well Drilled By:	
well her len well	
Well Drilled By: (Company Name)	
1	SUPPLEMENTAL DEPLLERS LOG ATTACHED?
	YES[] NO[]
(Signature of Driller in Charge) (Date)	
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