

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

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

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

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

PHONE: 302-739-9944
 FAX: 302-739-7764

WELL COMPLETION REPORT

-Authorization Number-

Q145-22

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

WELL CONSTRUCTION METHOD

Permit #: 225670 Local ID: _____
 Tax Map/Parcel #: 1-74-17-22
 Property Owner: ARWILLA
 Water Well Contractor: weB WC Lic #: 319
 Well Driller in Charge during Construction: Sandwell

Augered
 Bored
 Cable Tool
 Driven
 Jetted
 Air Rotary
 Mud Rotary
 Reverse
 Washed
 Other (Specify): _____
 Total Depth of Excavation: 7-00
 Construction Date: 10/29/08

CASING INSTALLATION:

INNER CASING

CASING TOP: 3
 CASING BOTTOM: 200
 CASING DIAMETER: .75
 CASING MATERIAL: Poly

OUTER CASING

	(1)	(2)	(3)
CASING TOP:	_____	_____	_____
CASING BOTTOM:	_____	_____	_____
CASING DIAMETER:	_____	_____	_____
CASING MATERIAL:	_____	_____	_____

SCREEN INSTALLATION

SCREEN TOP: _____
 SCREEN BOTTOM: _____
 SCREEN DIAMETER: _____
 SCREEN MATERIAL: _____
 SCREEN SLOT SIZE: _____ /THOUSANDS
 GRAVEL PACK SIZE: _____

Gravel Pack From: _____ ft. To: _____ ft.
 Grout Type: Cement Bentonite Clay
 Other: _____ From: 0 ft. To: 200 ft.
 Type of Non-Grout backfill of Well Annulus: _____
 From: _____ To: _____
 Static Water Level: _____ ft. Below OR Above Ground Surface
 On (date): _____
 Pumping Water Level: _____ ft. On (date): _____
 After: _____ hrs. Pumping at: _____ GPM
 Was a Geophysical Log Taken? YES NO

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). (If different from original application)

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: MANIFOLD
 Well Head Completed: 36 inches Above (OR) Below Ground Surface
 Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

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

Signature - Well Driller in Charge of Well Construction
4129 License # 10/30/08 Date

