MAIL TO:

WATER SUPPLY SECTION

DOVER, DELAWARE 19901

**89 KINGS HIGHWAY** 

**DIVISION OF WATER RESOURCES** 

## 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.

WELL COMPLETION REPORT

PHONE: 302-739-9944 WELL CONTILE	-Authorization Number-
FAX: 302-739-7764	1110 20
	);45-22
ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED	, ,
PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY	WELL CONSTRUCTION METHOD
Permit #: 225670 Local ID:	o Augered o Bored o Cable Tool
Tax Map/Parcel #: [-7-1-17-2-2	o Driven o Jetted o Air Rotary
	Mud Rotary o Reverse o Washed
Property Owner: AQLI, LLA	o Other (Specify):
Water Well Contractor: Me B WC Lie #: 3/9	Total Depth of Excavation: 2-6 0
Well Driller in Charge during Construction: Saulted	Construction Date: 10/29/38
CASING INSTALLATION: INNER CASING	SCREEN INSTALLATION
/2	
CASING TOP:	SCREEN TOP:
CASING BOTTOM: 200	SCREEN BOTTOM:
CASING DIAMETER:	SCREEN DIAMETER:
CASING MATERIAL: ROLLY	SCREEN MATERIAL:
\ <u></u>	\
OUTER CASING	SCREEN SLOT SIZE/THOUSANDS
(1) (2) (3)	
	CRAVEL BACK SIZE
CASING TOP:	GRAVEL PACK SIZE
CASING BOTTOM:	
CASING DIAMETER:	
CASING MATERIAL:	
	Site Plan - Include lot size and dimensions, distances from well to house, property
Gravel Pack From:ft. To:ft.	
Grout Type:o Cement Bentonite Clay	lines, nearest road, and all nearby acptic systems (include suitable plot plan if
o Other: ft. To: 200 ft.	available). (If different from original application)
Type of Non-Grout backfill of Well Annulus:	İ
From: To:	•
Static Water Level:ft. o Below OR o Above Ground-Surface	Ì
On (date):	
Purmping Water Level: ft. On (date):	
After: hrs. Pumping at: GPM	
Was a Geophysical Log Taken? o YES NO	
WELL HEAD COMPLETION:	
o Well Pit c: o Pad Mount	
Souther Specify Man Folo	
Well Head Completed: 16 inches o Above (OR) Relow Ground Surface	
Was the Well Tag attached in accordance with current regulations?	I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.
YES ONO If "NO", Please Explain:	ACCOUNTE NO CONTROL !
	Signature - Well Driller in Charge of Wall Construction
6)	4129 10/30/08
	License # Date

MAIL TO:

FAX:302-739-7764

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## STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

## **FORMATION LOG**

PAGE\_\_\_\_OF\_\_\_PAGES

PLEASE PRINT OR TYPE – ILLEGIBLE OR INCOMPLETE FORMS V	ILL BE RETURNE	D		
PERMIT #: 225670	LOCAL ID#:			
PROPERTY OWNER: AQUILLA				
WELL CONTRACTOR: WeBen		,	we lie #: 3/9	
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA	
Topsoil		T		
F.'LL		1	15	
Clay  Men Son D  Fresmot Sill  Coanse Som		5	90	
Mes Sono		90	140	
Fresmors: H		140	170	
Coanse	Som	170	200	
			·	
			·	
	·			
COMMENTS:				
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT				
Signature of Well Driller in Charge of Construction  WD License # Dat				
White - DNREC • Canary - CONTRACTOR • Pink - Owner Doc No. 40-08-82-12-1			Doo No. 40.09 92.12.11	