

MAIL TO:
 WATER SUPPLY BRANCH
 DIVISION OF ENVIRONMENTAL CONTROL
 P.O. BOX 1401
 DOVER, DELAWARE 19901

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
 BE RETURNED 21 DAYS AFTER
 CONSTRUCTION DATE

QJ 41-06

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 56109 LOCAL ID 14

OWNER Sea Colony

CONSTRUCTION DATE 7/10/84

PURPOSE: TEST PERMANENT

USE: DOMESTIC AGRICULTURAL
 COMMERCIAL INDUSTRIAL
 IRRIGATION PUBLIC
 MONITOR DEWATERING
 HEAT PUMP RECHARGE HEAT PUMP SUPPLY
 OTHER (Specify) _____

IS THIS A REPLACEMENT WELL? YES NO

ABANDONMENT DATE FOR OLD WELL N/A

ABANDONMENT METHOD _____

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____

TOTAL DEPTH DRILLED 370'

CASING SEQUENCE

| 1st | 2nd | 3rd | 4th |
|-------|-----|-----|-----|
| +2 | | | |
| 335' | | | |
| 12" | | | |
| Steel | | | |

SCREEN SEQUENCE

| 1st | 2nd | 3rd | 4th |
|-------|-----|-----|-----|
| 335' | | | |
| 370' | | | |
| 12" | | | |
| Steel | | | |

WRITTEN APPROVAL FOR SCREENING/
 GRAVEL PACKING MORE THAN ONE AQU-
 IFER MUST BE OBTAINED FROM DNREC.

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 0 TO 250 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE Marie #2

FROM 250 TO 370 FEET

STATIC WATER LEVEL: DATE 9/13/84

3.79 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: 69.83 FT. BELOW GRADE

AFTER 24 HOURS AT 400 GPM.

6.0
 39.6
 04.0

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

24 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE N/A

RATED CAPACITY (GPM) _____

PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

A. AT LEAST 5' FROM ANY OVERHANG YES NO
 B. AT LEAST 50' FROM ANY SEPTIC TANK YES NO
 C. AT LEAST 10' FROM TOWN SEWER LINE YES NO
 D. AT LEAST 100' FROM THE NEAREST EDGE YES NO
 OF ANY TILE FIELD

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
 IS 100' FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

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| DRILLERS LOG DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA |
|--------------------------|---------------|------------------|
| Fill | 0 | 1 |
| Fn/md crvsnd | 1 | 22 |
| Fn/md gry snd/clv | 22 | 37 |
| Fn/crs tn snd/grvl | 37 | 145 |
| Fn snd/clv | 145 | 155 |
| Crs tn snd | 155 | 186 |
| Fn/md gry snd/10% clv | 186 | 215 |
| Fn/crs snd w/wood | 215 | 248 |
| Fn/md gry snd | 248 | 295 |
| Fn/crs snd | 195 | 370 |

Fn/md snd w/clv 370 425

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Delmarva Drilling Co.

SIGNATURE OF DRILLER IN CHARGE: [Signature] DATE 1/17/85