

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

WELL COMPLETION REPORT

PLEASE PRINT

PERMIT NO. 520506 + 110602 LOCAL ID 14

OWNER Sea Colony

CONSTRUCTION DATE 9/10/84

PURPOSE: TEST PERMANENT

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

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) 5" 10" 10 1/2
 TOTAL DEPTH DRILLED 294 / 210

CASING SEQUENCE

	1st	2nd	3rd	4th
CASING TOP	+2	+2		
CASING BOTTOM	284	200		
CASING DIAMETER	2"	2"		
CASING MATERIAL	PVC	PVC		

SCREEN SEQUENCE

	1st	2nd	3rd	4th
SCREEN TOP	200	284		
SCREEN BOTTOM	210	294		
SCREEN DIAMETER	2"	2"		
SCREEN MATERIAL	PVC	PVC		

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 0 TO 170 FEET

NON-GROUT BACKFILL OF WELL ANNULUS
 TYPE _____ FROM _____ TO _____ FEET

GRAVEL PACK: TYPE 1/4" 10 1/2

FROM 260 TO 294 FEET 170 - 210 (10602)

STATIC WATER LEVEL: DATE N/A

_____ FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: _____ FT. BELOW GRADE

AFTER _____ HOURS AT _____ GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
 OTHER capped
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?

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

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY
 IS 1000' FROM COMPLETED WELL.
 IS COMPLETED WELL LOCATED AS SHOWN
 ON APPLICATION FORM?
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Handwritten note:
 Dred 9-17-84 Two smaller ones
 one bore hole
 (circled)

APR 1 1985

WATER SUPPLY

Q541-07

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top soil	0	1
Fine-med sand	1	10
Gry clay	10	18
Fine-med tan sand w/clay	18	75
Gray clay	75	81
Fine-coarse sand	81	185
Fine sand w/40% cly.	185	207
Fine-med sand	207	293
Gray clay	293	305

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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 COMPANY NAME Delmarva Drilling Co.
 SIGNATURE OF DRILLER IN CHARGE: [Signature] DATE 3/28/85