

MAIL TO:
 WATER SUPPLY BRANCH
 DIVISION OF ENVIRONMENTAL CONTROL
 P.O. BOX 1401
 DOVER, DELAWARE 19903

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
 BE RETURNED 30 DAYS AFTER
 CONSTRUCTION DATE

WELL COMPLETION REPORT

Q:42-35

PLEASE PRINT

PERMIT NO. 110964 LOCAL ID _____

OWNER Brian Legon (Lot 14)

CONSTRUCTION DATE 3-31-97

PURPOSE: TEST PERMANENT

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

IS THIS A REPLACEMENT WELL? YES NO

ABANDONMENT DATE FOR OLD WELL _____

ABANDONMENT METHOD _____

DRILLING METHOD

AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
 TOTAL DEPTH DRILLED 160

CASING SEQUENCE

CASING TOP
 CASING BOTTOM
 CASING DIAMETER
 CASING MATERIAL

INNER	OUTER
+1	
150	
4	
PVC	

SCREEN SEQUENCE

SCREEN TOP
 SCREEN BOTTOM
 SCREEN DIAMETER
 SCREEN MATERIAL

INNER	OUTER
150	
160	
4	
PVC	

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 130 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE Small clay FROM 130 TO 150 FEET

GRAVEL PACK TYPE GRIT

FROM 150 TO 160 FEET

STATIC WATER LEVEL: DATE 4-31-97

6 FT. (Below, above) GROUND SURFACE

PUMPING WATER LEVEL: 60 FT. BELOW GRADE

AFTER 2 HOURS AT 40 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____

RATED CAPACITY (GPM) _____

PUMP INTAKE SETTING _____ FT. BELOW GRADE

THE COMPLETED WELL IS?

A. AT LEAST 15' FROM ANY FOUNDATION 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 OF ANY TILE FIELD YES NO

THE NEAREST NEIGHBORS (CIRCLE ONE)

SEPTIC TILE FIELD CESSPOOL OR PRIVY

IS _____ FROM COMPLETED WELL.

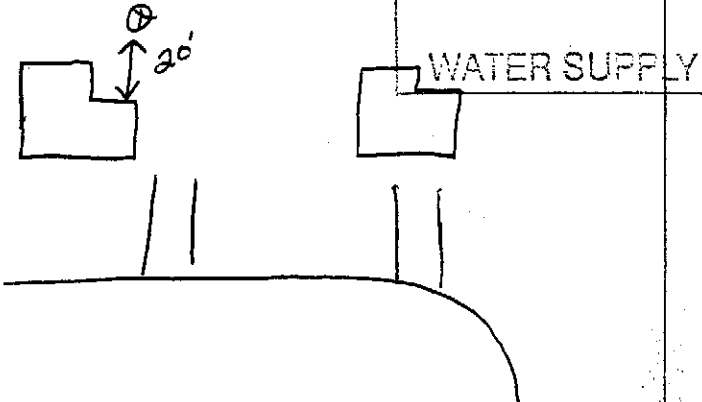
IS COMPLETED WELL LOCATED AS SHOWN

ON APPLICATION FORM?

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

RECEIVED

APR 17 1997



DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Soil	0	2
Tan Sand	2	20
Dark Tan + gray sd	20	110
Brown Clay	110	114
gray sand	114	130
Coarse gray + Tan sd	130	160

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Lifetime Well Drilling

SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____

Brian Wood 4/7/97