

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

PLEASE PRINT

PERMIT NO. 62827 ✓ LOCAL ID 17

OWNER CAT Hill LTD.

CONSTRUCTION DATE 2/17/86
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 N/A

DRILLING METHOD

- AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER (Specify) _____
TOTAL DEPTH DRILLED 370'

CASING SEQUENCE

CASING TOP
CASING BOTTOM
CASING DIAMETER
CASING MATERIAL

INNER	OUTER
<u>21</u>	
<u>334.4"</u>	
<u>12"</u>	
<u>Black steel</u>	

SCREEN SEQUENCE

SCREEN TOP
SCREEN BOTTOM
SCREEN DIAMETER
SCREEN MATERIAL

INNER	OUTER
<u>334.4"</u>	
<u>370'</u>	
<u>12"</u>	
<u>S.S.</u>	

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

GROUT TYPE: CEMENT BENTONITE CLAY
OTHER: _____
FROM 0 TO 320 FEET
NON-GROUT BACKFILL OF WELL ANNULUS
TYPE N/A FROM _____ TO _____ FEET
GRAVEL PACK: TYPE MORIE #2
FROM 320 TO 400 FEET
STATIC WATER LEVEL: DATE 2/17/86
_____ FT. (Below, above) GROUND SURFACE
PUMPING WATER LEVEL: 172 FT. BELOW GRADE
AFTER 7 HOURS AT 86 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR
OTHER _____
12 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE _____
RATED CAPACITY (GPM) N/A
PUMP INTAKE SETTING _____ FT. BELOW GRADE

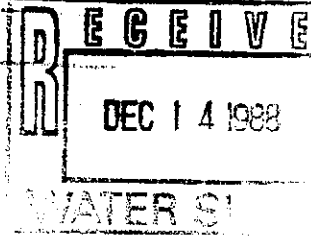
THE COMPLETED WELL IS?

- YES NO
A. AT LEAST 15' FROM ANY FOUNDATION
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 100' FROM COMPLETED WELL.
IS COMPLETED WELL LOCATED AS SHOWN
ON APPLICATION FORM?
IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

AUG 1 1988



0:42-46

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>Fine to med sand</u>	<u>0</u>	<u>34</u>
<u>Gray clay</u>	<u>34</u>	<u>44</u>
<u>Gray fine to med sand w/ clay</u>	<u>44</u>	<u>61</u>
<u>gray fine to coarse sand</u>	<u>61</u>	<u>156</u>
<u>Gray clay</u>	<u>156</u>	<u>179</u>
<u>Fine to coarse sand w/ gravel</u>	<u>179</u>	<u>295</u>
<u>Blue clay w/ fine sand</u>	<u>295</u>	<u>315</u>
<u>Fine to coarse gray sand</u>	<u>315</u>	<u>373</u>
<u>Fine sand w/ clay</u>	<u>373</u>	<u>420</u>

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
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COMPANY NAME Delmarva Drilling Co.
SIGNATURE OF DRILLER IN CHARGE: Bill Cowgill DATE 2/17/86