

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

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
 BE RETURNED WITHIN 30 DAYS
 AFTER CONSTRUCTION DATE.

MONITOR / OBSERVATION WELL COMPLETION REPORT

Rd13-10

3

PLEASE PRINT OR TYPE

PERMIT NO. 99704 LOCAL ID _____
 Owner D + J INC
 Address 315 River Vista DR.
 City Seaford State DE Zip 19913
 Telephone Number 629-6169
 Consulting Firm/Supervising Geologist (If applicable) _____

IS COMPLETED WELL LOCATED AS SHOWN ON
 APPLICATION FORM? YES NO
 IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Telephone Number _____
 Well Contractor Burns Inc.
 Date of Completion 6-9-94
 Name of DNREC Contact Person _____
 Drilling Method _____

REC'D JUN 27 1994

WELL CONSTRUCTION

Total depth drilled: 17'
 Depth to water 7'
 Surveyed Top of Casing Elevations
 _____ Ft. above Sea Level
 Inner Outer

DRILLERS LOG DESCRIP.	TOP OF STRATA	BOTTOM
Coarse sand	0	2'
Fine TAN SAND	0	2'
Yellow clay	2'	3'
Fine TAN SAND	3'	17'

CASING SEQUENCE

	Inner casing	Outer casing
Casing top	1' Above	1' Above
Casing bottom	2' Below	2' Below
Casing diameter	2"	4"
Casing material	PVC	Steel

SCREEN SEQUENCE

	Inner casing	Outer casing
Screen top	2'	
Screen bottom	17'	
Screen diameter	2"	
Screen material	PVC	

Type of Grout Bestonite cement from 0' to 1'
 Gravel pack interval from 2' to 17'
 Aquifer/Formation screened in: Surface
 Type of samples (ditch, split spoon, etc.) _____

Samples Logged By: [Signature]
 (Name)
 _____ (Title) _____ (Company)

Well Drilled By: Burns Inc.
 (Company Name)

Janet Mitchell 6/29/94
 (Signature of Driller in Charge) (Date)

SUPPLEMENTAL DRILLERS LOG ATTACHED?
 YES NO
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