

STATE OF DELAWARE  
 WATER AND AIR RESOURCES COMMISSION  
 Water Resources Division  
 Dover, Delaware 19901

WRD-2  
 7/69

35889

WELL COMPLETION REPORT

1. Permit Number: <u>35889</u> Owner of Well: <u>Shore Fertilizer Corp</u>	8. Well Head Completion: <u>Nil</u> Pitless Adapter _____ Type _____ inches above grade
2. Test Well _____ Observation Well _____ Production Well <input checked="" type="checkbox"/> Well Abandoned? Yes _____ No _____	9. Static Water Level: _____ <u>6</u> feet below grade _____ feet above grade
3. Total Well Depth <u>79</u> feet Date Completed <u>5-25-76</u>	10. Pumping Water Level: _____ <u>20</u> feet below grade after _____ <u>1</u> hour at <u>75</u> GPM
4. Grout: Type <u>Cement</u> from <u>3</u> feet to <u>15</u> feet from _____ feet to _____ feet	11. Permanent Pump Installed? Yes _____ No <input checked="" type="checkbox"/> a. Shallow Well _____ Deep Well _____ b. Reciprocating _____ Rotary _____ Centrifugal _____ Jet _____ Submersible _____ c. Capacity _____ GPM
5. Casing: Type <u>pvc</u> _____ <u>0</u> inches to <u>74</u> feet _____ inches to _____ feet Drive Shoe? Yes _____ No <input checked="" type="checkbox"/>	12. Well Number _____ (Leave Blank)
6. Screen Setting: _____ <u>74</u> feet to _____ <u>79</u> feet	
7. Gravel Packed? Yes <input checked="" type="checkbox"/> No _____ _____ <u>71</u> feet to _____ <u>79</u> feet	
13. Well Log	

RN32-06

Formation	Thickness of Stratum	Depth to Bottom of Stratum
<u>brown &amp; gray clay</u>	<u>0</u>	<u>3</u>
<u>brown clay</u>	<u>3</u>	<u>12</u>
<u>to top sand - med fine</u>	<u>12</u>	<u>18</u>
<u>brown sand - med</u>	<u>18</u>	<u>35</u>
<u>brown clay</u>	<u>35</u>	<u>40</u>
<u>to brown sand - med</u>	<u>40</u>	<u>73</u>
<u>brown sand - med coarse</u>	<u>73</u>	<u>79</u>

14. Signature of Water Well Contractor Ideal Well Drilling Date 6-3-76