

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
WELL COMPLETION REPORT

WELL COMPLETION REPORT (A-1) MUST
BE RETURNED 21 DAYS AFTER
CONSTRUCTION DATE

WELL COMPLETION REPORT **Rh 12-03**

WELL NO. **12004E** LOCAL ID. _____
OWNER **Pippin Bros. Shade Park**

CONSTRUCTION DATE **6-27-77**
PERMANENT TEMPORARY

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

IS THIS A REPLACEMENT WELL? YES NO
REPLACEMENT DATE FOR OLD WELL **6-27-77**
REPLACEMENT METHOD **Drill**

DRILLING METHOD:
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WAGGED

TOTAL DEPTH DRILLED: **97**

CASING SEQUENCE

DEPTH	DIAMETER	TYPE
0-10	6"	STEEL
10-97	6"	CONCRETE

SCREEN SEQUENCE

DEPTH	DIAMETER	TYPE
0-10	6"	STEEL
10-97	6"	CONCRETE

GROUT TYPE: CEMENT BENTONITE CLAY
OTHER: _____
FROM **0** TO **97** FEET
NON-SHOUT BACKFILL OF WELL ABOVE 10"
TYPE: FROM _____ TO _____ FEET
GRAVEL PACK TYPE: _____
FROM _____ TO _____ FEET
STATIC WATER LEVEL: DATE **6-27-77**
12.6 FT. BELOW GROUND SURFACE
PUMPING WATER LEVEL: **12.6** FT. BELOW GRADE
AFTER _____ HOURS AT _____ GPM

WELL HEAD COMPLETION:
TYPE: WELLS ADAPTOR
OTHER: **12" RICH ABOVE GRADE**

TYPE OF PERMANENT PUMP INSTALLED:
PUMP MANUFACTURE **Griff**
RATED CAPACITY (GPM) **60**
PUMP STARTS PER HOUR _____

THE COMPLETED WELL IS:
A AT LEAST 5' FROM ANY OVERHEAD YES NO
B AT LEAST 5' FROM ANY SEPTIC TANK YES NO
C AT LEAST 10' FROM TOWN BOUNDARY LINE YES NO
D AT LEAST 100' FROM THE NEAREST EDGE OF ANY TIE FIELD YES NO

THE NEAREST NEIGHBORS (CIRCLE ONE)
SEPTIC TANK FIELD OVERHEAD OR PUMP
IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES NO
IF NO, DESCRIBE LOCATION CHANGE OR OTHER CIRCUMSTANCES _____

RECEIVED
13 JUN 1977
WATER SUPPLY

DRILLERS LOG OF POSITION TOP OF STRATA BOTTOM OF STRATA

STRATA	TOP OF STRATA	BOTTOM OF STRATA
White sand shell	0	7
Red clay	7	9
White sand	9	14
Red clay	14	21
White sand shell	21	35
White sand	35	97

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO
NAME OF J. PRESS _____
COMPANY NAME **Shannon Lee Anderson Well S. Co.**
SIGNATURE OF DRILLER IN CHARGE: _____ DATE _____

WHITE - OWNER CANARY - CONTRACTOR PINK - OWNER

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
WELL ABANDONMENT REPORT

AN ABANDONED WELL MUST BE IDENTIFIED BY THE STATE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL TO BE A WELL ABANDONED BY THE LICENSEE.

WELL NO. _____ LOCAL ID. _____
WATER SUPPLY BRANCH
DIVISION OF WATER RESOURCES
AND ENVIRONMENTAL CONTROL
WELL ABANDONMENT REPORT

PLEASE PRINT OR TYPE

PERMIT OR LOCAL NUMBER OF ABANDONED WELL _____
NEW WELL PERMIT NUMBER **12004E** DATE **6-27-77**
OWNER NAME **Pippin Bros. Shade Park Rt 2**
ADDRESS **Selkirk, Delaware 19775**

DEVELOPMENT/USE **WATER SUPPLY**

REASON FOR ABANDONMENT (BE SPECIFIC) **pump and tank in excess**

ABANDONED WELL CONSTRUCTED BY WHICH METHOD
 DRILLED BORED OR ADPTED JETTED OTHER, SPECIFY _____

TYPE OF CASING USED IN ABANDONED WELL
 STEEL CONCRETE PLASTIC OTHER, SPECIFY _____

SIZE OF CASING **6** INCHES DEPTH OF ABANDONED WELL **95** FEET

WAS ANY CASING REMOVED? YES NO
IF YES, AMOUNT REMOVED _____ FEET

LOG OF SEALING MATERIAL

MATERIAL	FROM	TO
concrete	0-15	

WAS CASING RIPPED OR PERFORATED? YES NO
DRAW A SKETCH SHOWING LOCATION OF BOTH WELLS IN RELATION TO ROADS AND GIVE DISTANCE FROM WELL SITE TO NEAREST ROAD.

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
WELL CONTRACTOR **Shannon Lee Anderson**
LICENSE NUMBER _____
SIGNATURE **Shannon Lee Anderson**
LICENSED CONTRACTOR/WELL DRILLER

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STATE OF DELAWARE
FILE SEPA