

MAIL TO:

WATER SUPPLY BRANCH
DIVISION OF ENVIRONMENTAL CONTROL
P.O. BOX 1401
DOVER, DELAWARE 19901

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL**

WELL COMPLETION REPORT MUST
BE RETURNED 21 DAYS AFTER
CONSTRUCTION DATE

Heater
11/11

WELL COMPLETION REPORT Rj 32 30

PLEASE PRINT

PERMIT NO. 600154 LOCAL ID _____

OWNER Canal View Assoc. L.P.
Fenwick Island Hotel

CONSTRUCTION DATE 4/16/85

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 _____

ABANDONMENT METHOD _____

DRILLING METHOD

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

TOTAL DEPTH DRILLED 250'

Pop 20'
Steel

CASING SEQUENCE

1st	2nd	3rd	4th
235			
4"			
PVC			

CASING TOP
CASING BOTTOM
CASING DIAMETER
CASING MATERIAL

SCREEN SEQUENCE

1st	2nd	3rd	4th
235			
250			
4"			
PVC			

SCREEN TOP
SCREEN BOTTOM
SCREEN DIAMETER
SCREEN MATERIAL

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

GROUT TYPE: CEMENT BENTONITE CLAY

OTHER: _____

FROM 3 TO 220 FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE fill FROM 220 TO 225 FEET

GRAVEL PACK: TYPE Mix #1+2 Blend

FROM 235 TO 250 FEET

STATIC WATER LEVEL: DATE 4/16/85

1 FT. (Below) (above) GROUND SURFACE

PUMPING WATER LEVEL: 6 FT. BELOW GRADE

AFTER 1 HOURS AT 70 GPM.

WELL HEAD COMPLETION:

TYPE: PITLESS ADAPTOR

OTHER _____

20 INCHES ABOVE GRADE.

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE Ecolds
RATED CAPACITY (GPM) 70
PUMP INTAKE SETTING 100 FT. BELOW GRADE

THE COMPLETED WELL IS?

A. AT LEAST 5' FROM ANY OVERHANG 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)

TILE FIELD CESSPOOL OR PRIVY
IS _____ FROM COMPLETED WELL.

IS COMPLETED WELL LOCATED AS SHOWN ON APPLICATION FORM? YES NO

IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENTS.

Drilled
5/2/85

RECEIVED

MAY 2 1985

WATER SUPPLY

DRILLERS LOG DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Pop Soil	0	1
tan Sand 4	1	3
Brown clay	3	11
gray Sand M	11	31
gray Sand MC	31	130
gray Clay	130	221
gray Sand M	221	250

SUPPLEMENTAL DRILLERS LOG ATTACHED YES NO

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COMPANY NAME Coastal Water Systems

SIGNATURE OF DRILLER IN CHARGE: _____ DATE 4/16/85