

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

PHONE: 302-739-9944
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

http://www.dnrec.state.de.us/

WELL COMPLETION REPORT
MUST BE RETURNED WITHIN 30
DAYS OF CONSTRUCTION. A
WELL FORMATION LOG MUST BE
INCLUDED WITH THIS REPORT.

WELL COMPLETION REPORT

Authorization Number-

3633382

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit #: 216771 Local ID: _____
Tax Map/Parcel #: SM-00-140.00-01-62.00.000
Property Owner: CHARLES H. WEST FARMS, INC.
Water Well Contractor: A.C. SCHULTES OF DE WC Lic #: 14
Well Driller in Charge during Construction: SHAWN WILEY

WELL CONSTRUCTION METHOD

- Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____

Total Depth of Excavation: 379'
Construction Date: 1/19/07

CASING INSTALLATION:

INNER CASING

CASING TOP: 0'
CASING BOTTOM: 344'
CASING DIAMETER: 10"
CASING MATERIAL: BLACK STEEL

SCREEN INSTALLATION

SCREEN TOP: 344'
SCREEN BOTTOM: 374'
SCREEN DIAMETER: 8"
SCREEN MATERIAL: STAINLESS
SCREEN SLOT SIZE: .030 /THOUSANDS
GRAVEL PACK SIZE: #1

OUTER CASING

(1) (2) (3)
CASING TOP: _____
CASING BOTTOM: _____
CASING DIAMETER: _____
CASING MATERIAL: _____

Gravel Pack From: 379 ft. To: 324 ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: _____ ft. To: _____ ft.

Type of Non-Grout backfill of Well Annulus: _____
From: _____ To: _____

Static Water Level: _____ ft. Below OR Above Ground Surface
On (date): _____

Pumping Water Level: _____ ft. On (date): _____
After: _____ hrs. Pumping at: _____ GPM

Was a Geophysical Log Taken? YES NO

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: _____

Well Head Completed: _____ inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?

YES NO If "NO", Please Explain: _____

Site Plan - Include lot size and dimensions, distances from well to house, property lines, nearest road, and all nearby septic systems (include suitable plot plan if available). (If different from original application)

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Well Driller in Charge of Well Construction

License # 991

Date 1/19/07

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THE DATE OF CPM STRICTOPM
<http://www.dnrec.state.de.us/>

FORMATION LOG

PHONE: 302-739-3665

FAX: 302-739-7764

- FOR OFFICIAL USE ONLY -

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PERMIT #: 02 216771 TAX MAP #: SM-00-140.00-01-62.00.000 LOCAL ID#:

PROPERTY OWNER: CHARLES H. WEST FARMS, INC.

WELL CONTRACTOR: A.C. SCHULTES OF DE. WC LIC #: 14

SOIL DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0'	1'
ORANGE CLAY + SAND	1'	6'
MED. ORANGE SAND	6'	37'
ORANGE SAND w/ SOME CLAY	37'	41'
FINE GRAY SAND	41'	47'
GRAY CLAY	47'	63'
SILTY SAND + GRAY CLAY	63'	84'
FINE GRAY SAND + SOME CLAY	84'	102'
FINE MULTI-COLORED SAND + SOME CLAY	102'	115'
BROWN CLAY	115'	162'
FINE GREEN SAND CLAY + SOME SHELL	162'	205'
BROWN CLAY	205'	243'
FINE GREEN SAND w/ CLAY + SHELL	243'	310'
GREEN CLAY + SHELL	310'	342'
FINE GREEN SAND + SHELL	342'	378'
GREEN CLAY	378'	379'

COMMENTS:

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

[Signature] 991 1/19/07
Signature of Well Driller in Charge of Construction WD License # Date