

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-

3240302

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit #: 232895 Local ID: TW#1
Tax Map/Parcel #: SM-00-140-04-09-21.00.000
Property Owner: HOVBROS ROESVILLE LLC
Water Well Contractor: ACSD WC Lic #: 14
Well Driller in Charge during Construction: _____

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 400'
Construction Date: 11/11/10

CASING INSTALLATION:

INNER CASING

CASING TOP: +2'
CASING BOTTOM: 330'
CASING DIAMETER: 4"
CASING MATERIAL: PVC

OUTER CASING

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

SCREEN INSTALLATION

SCREEN TOP: 330'
SCREEN BOTTOM: 360'
SCREEN DIAMETER: 4"
SCREEN MATERIAL: PVC
SCREEN SLOT SIZE .030 /THOUSANDS
GRAVEL PACK SIZE #1

Gravel Pack From: 320 ft. To: 400 ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: 0 ft. To: 320 ft.

Type of Non-Grout backfill of Well Annulus: _____
From: _____ To: _____
Static Water Level: 28 ft. Below OR Above Ground Surface
On (date): 11/16/10

Pumping Water Level: 213' ft. On (date): 11/16/10
After: 48 hrs. Pumping at: 25 GPM

Was a Geophysical Log Taken? YES NO

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: 4" CAP
Well Head Completed: 24 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)

SEE PERMIT

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

Lamy Hovsey
Signature - Well Driller in Charge of Well Construction

5324
License #

11/19/10
Date

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 CONSTRUCTION DATE

FORMATION LOG

PAGE _____ OF _____ PAGES

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PERMIT #: 232895	LOCAL ID#: TW#1
PROPERTY OWNER: HOVBROS ROESVILLE, LLC	
WELL CONTRACTOR: ACSD	WC LIC #: 14

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
FINE ORANGE SAND W/CLAY	1	6
MED-COARSE ORANGE SAND W/IRON ORE	6	17
MED ORANGE SAND	17	28
FINE SAND W/ORANGE & TAN CLAY	28	32
MED GRAY SAND	32	39
GRAY CLAY	39	47
GRAY CLAY & BLUE CLAY	42	71
LIGHT GRAY CLAY	71	83
FINE GRAY SAND W/CLAY	83	94
FINE MULTI-COLORED SAND W/SHELL	94	106
BROWN CLAY	106	155
FINE GREEN SAND W/SHELL	155	173
FINE GREEN SAND W/SHELL & CLAY	173	203
FINE-COARSE GREEN SAND W/SHELL	203	223
BROWN CLAY	223	249
HARD LAYER	249	252
FINE GREEN SAND W/CLAY & SHELL	252	273
GREEN CLAY W/SHELL	273	295
FINE GREEN SAND W/SHELL	295	313
GREEN CLAY W/FINE SAND	313	326
FINE MED GREEN SAND W/SHELL	326	362
GREEN CLAY W/FINE SAND & SHELL	362	382
GREEN & BROWN CLAY	382	400

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Lamy Horsey
 Signature of Well Driller in Charge of Construction

5324
 WD License #

11/19/10
 Date