

Appendix A

Nearby Water Well Information (December 2009)

MAIL TO:

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

PHONE: 302-739-3685
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.

- OFFICIAL USE ONLY -

WELL COMPLETION REPORT

PAGE _____ OF _____ PAGES

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED
PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 198187-W Local ID: PW-5
Tax Map/Parcel #: 0704 340061
Property Owner: Thomas Gronowski, Sr.
Water Well Contractor: Enckelbears, Inc. WC Lic #: 4251
Well Driller in Charge during Construction: Randell Weidinger

WELL CONSTRUCTION METHOD

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

Total Depth of Excavation: 19ft
Construction Date: 1/20/04

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>0ft</u>						<u>N/A</u>
CASING BOTTOM:	<u>4ft</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PKC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>4'</u>						
SCREEN BOTTOM:	<u>19'</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PKC</u>						

Gravel Pack From: 19 ft. To: 2 ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: 2 ft. To: 1 ft.

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

Static Water Level: 6 ft. Below OR Above Ground Surface
On (date): 1/20/04

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: 12" Manhole w/ concrete PAD
Well Head Completed: 6 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

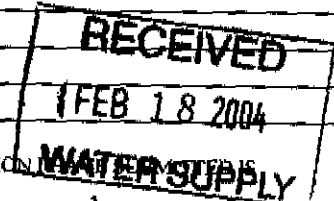
TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.
 YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS:



I HEREBY AFFIRM THE INFORMATION IS ACCURATE AND CORRECT.

Randell L. Weidinger
Signature - Well Driller in Charge of Well Construction

4251
License #

1-26-04
Date

MAIL TO:

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PAGE _____ OF _____ PAGES

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 198188W Local ID: RW-6
Tax Map/Parcel #: 0704340060
Property Owner: Mrs. Francis Sanna
Water Well Contractor: Stichelberger, Inc. WC Lic #: 4251
Well Driller in Charge during Construction: Randall Weidinger

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 18'4"
Construction Date: 1/21/04

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>0'</u>	_____	_____	_____	_____	_____	<u>N/A</u>
CASING BOTTOM:	<u>3'</u>	_____	_____	_____	_____	_____	_____
CASING DIAMETER:	<u>6"</u>	_____	_____	_____	_____	_____	_____
CASING MATERIAL:	<u>PVC</u>	_____	_____	_____	_____	_____	_____

SCREEN INSTALLATION

SCREEN TOP:	<u>3'</u>	_____	_____	_____	_____	_____
SCREEN BOTTOM:	<u>18'</u>	_____	_____	_____	_____	_____
SCREEN DIAMETER:	<u>6"</u>	_____	_____	_____	_____	_____
SCREEN MATERIAL:	<u>PVC</u>	_____	_____	_____	_____	_____

Gravel Pack From: 18' ft. To: 2' ft.

Grout Type: Cement Bentonite Clay
 Other: _____ From: 2 ft. To: 1 ft.

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

Static Water Level: 6 ft. Below OR Above Ground Surface
On (date): 1/21/04

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: 12" Manhole w/ concrete pad

Well Head Completed: 6 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in compliance with all permit conditions and all applicable well construction regulations.
 YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____

RECEIVED
FEB 18 2004
WATER SUPPLY

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

Randall Weidinger
Signature - Well Driller in Charge of Well Construction

4251 License # 1-26-04 Date

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

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DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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CONSTRUCTION DATE

FORMATION LOG

PAGE 1 OF 1 PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT# <u>198188-W</u>		LOCAL ID# <u>RW-6</u>	
PROPERTY OWNER <u>Mr. Francis Janna</u>			
WELL CONTRACTOR <u>Eschelbarger Inc.</u>		LIC# <u>4251</u>	
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
<u>Wood Glaze Basch w/²/₃ Sandy Silt Soil</u>		<u>0'</u>	<u>10'</u>
<u>Brown & Gray Silty Clay w/ Sand</u>		<u>10'</u>	<u>18'</u>

OTHER COMMENTS:

RECEIVED
FEB 18 2004
WATER SUPPLY

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

Randell J. Neidinger
Signature of Well Driller In Charge License# 4251 Date 1-26-04

White - DNREC • Canary - Contractor • Pink - Owner Doc. No. 40-08-82-12-11

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PAGE _____ OF _____ PAGES

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PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 198/50-W Local ID: RW-3
Tax Map/Parcel #: 0704340058
Property Owner: Duane Wayman III
Water Well Contractor: Fordelberg's Inc. WC Lic #: 4251
Well Driller in Charge during Construction: Randell Neidinger

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 18ft
Construction Date: 1/22/04

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>0</u>						<u>N/A</u>
CASING BOTTOM:	<u>3'</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PRC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>3'</u>						
SCREEN BOTTOM:	<u>18'</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PRC</u>						

Gravel Pack From: 18 ft. To: 2 ft.

Grout Type: Cement Bentonite Clay
 Other: _____ From: 2 ft. To: 1 ft.

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

Static Water Level: 6 ft. Below OR Above Ground Surface
On (date): 1/22/04

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: 12" Manhole w/concrete pda

Well Head Completed: 6" inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

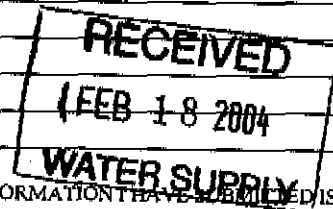
TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.
 YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____



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

Randell Neidinger
Signature - Well Driller in Charge of Well Construction

4251
License #

1-26-04
Date

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WELL CONSTRUCTION METHOD

Permit # of completed well: 198070-W Local ID: PW-4
Tax Map/Parcel #: 0704340061
Property Owner: Thomas Grabowski Sr.
Water Well Contractor: Eckelbergers, Inc. WC Lic #: 4251
Well Driller in Charge during Construction: Randall Neidlinger

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 20ft
Construction Date: 1/20/04

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>0'</u>						<u>N/A</u>
CASING BOTTOM:	<u>5'</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>5'</u>						
SCREEN BOTTOM:	<u>20'</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 20 ft. To: 3 ft.

Grout Type: Cement Bentonite Clay
 Other: _____ From: 3 ft. To: 1 ft.

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

Static Water Level: 7 ft. Below OR Above Ground Surface
On (date): 1/20/04

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: 12" Manhole w/concrete pad

Well Head Completed: 6 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

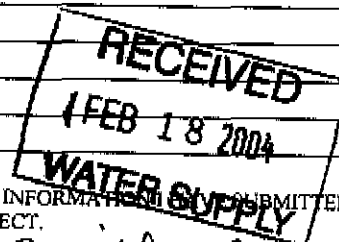
Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____



I HEREBY AFFIRM THE INFORMATION SUBMITTED IS ACCURATE AND CORRECT.

Randall L. Neidlinger
Signature - Well Driller in Charge of Well Construction

4251
License #

1/26/04
Date

MAIL TO:

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FORMATION LOG

PAGE 1 OF 1 PAGES

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PERMIT#	198070-W	LOCAL ID#	RW-4
PROPERTY OWNER	Thomas Grabowski Sr.		
WELL CONTRACTOR	Eichelbergers, Inc.	LIC#	4251
	DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
	Full Wood Boulders & Brown Sandy Silt	0'	7'
	Brown & Gray Silty Clay w/ sand + gravel	7'	20'

OTHER COMMENTS:

RECEIVED
 1 FEB 18 2004
WATER SUPPLY

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

Signature of Well Driller In Charge Randall L. Neuhagen License# 4251 Date 1-26-04

White - DNREC • Canary - Contractor • Pink - Owner

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PAGE _____ OF _____ PAGES

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PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 197622-W Local ID: RW-2
Tax Map/Parcel #: 0704340058
Property Owner: Duane Wayman II
Water Well Contractor: Eichelberger, Inc WC Lic #: 4251
Well Driller in Charge during Construction: Randall Neidinger

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 18ft
Construction Date: 1/22/04

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>0 BMM'</u>						<u>N/A</u>
CASING BOTTOM:	<u>3</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>3'</u>						
SCREEN BOTTOM:	<u>18'</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 18 ft. To: 2 ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: 2 ft. To: 1 ft.
Type of Non-Grout backfill of Well Annulus: _____
From: _____ To: _____
Static Water Level: 6 ft. Below OR Above Ground Surface
On (date): 1/22/04
Pumping Water Level: _____ ft. On (date): _____
After: _____ hrs. Pumping at: _____ GPM
Was a Geophysical Log Taken? YES NO

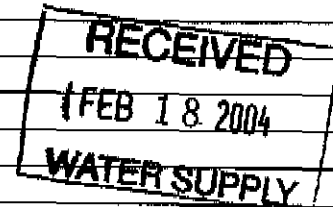
WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: 12" Monitec w/ concrete PAD
Well Head Completed: 6 inches Above (OR) Below Ground Surface
Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface: _____
Pump Installed By: _____ On (date): _____
The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.
 YES NO
If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS:



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

Randall L. Neidinger
Signature - Well Driller in Charge of Well Construction

4251
License #

1-26-04
Date

White - DNREC

Canary - Contractor

Pink - Owner

Doc No. 40-08/78/01/03 - EC 7

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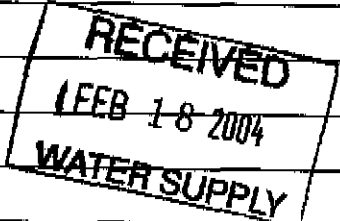
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PERMIT#	197622-W	LOCAL ID#	RW-2
PROPERTY OWNER	Duane Wayman II		
WELL CONTRACTOR	Eichelbergers, Inc.	LIC#	4251
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
Fill, Brick, wood, & Brown Sandy Silt	0'	10'	
Brown & Gray Silty Clay	10'	18'	

OTHER COMMENTS:



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

Randell L Neubig 4251 1-26-04
 Signature of Well Driller In Charge License# Date

White - DNREC • Canary - Contractor • Pink - Owner Doc. No. 40-08-82-12-11

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APPLICATION MUST BE SUBMITTED AND
PERMIT RECEIVED BEFORE DRILLING IS
STARTED.

APPLICATION FOR A PERMIT
TO CONSTRUCT A WELL

- OFFICIAL USE ONLY -

PAGE # 4 OF 4 PAGES
PERMIT NO: 182710-N

PLEASE TYPE OR PRINT - USE BLUE OR BLACK INK ONLY -
ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

GENERAL INFORMATION

Property Owner: Lisa B. Goodman, Dr. Wm. Nash Fennell, Jr., DVM
 Address: 2325 Falls Lane
 City: Wilmington State: DE Zip: 19808
 Telephone Number: 571-6683
 Application Preparer/WC: WALTON CORP.
 Lic. #: 52 Date of Application: 11-26-01
 Estimated Construction Date: ASAP
 Purpose: Test or Permanent
 Use: Domestic Irrigation
 Industrial Agricultural
 Public Heat Pump Recharge
 Miscellaneous Public Closed Loop Heat Pump
 Temporary For Well Construction Heat Pump Supply
 Other (Specify): _____
 Is this a replacement well? NO YES reason: _____
 Is public water available? NO YES (Specify): _____
 On public sewage: YES OR Septic system permit #: Unknown

PROPOSED WELL CONSTRUCTION

	Inner Casing	Outer Casing
Approximate total depth:	<u>260'</u>	
Casing top (above grade):	<u>+1</u>	
Casing bottom (below grade):	<u>-60</u>	
Casing diameter:	<u>6"</u>	
Casing material:	<u>STL</u>	
Tentative screen setting:	_____ (top) To: _____	
Tentative screen length:	_____ Material: _____	
Type of Grout: <u>Concrete</u> From: <u>-3</u> (top) To: <u>-60</u>		
Gravel pack: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES From: _____ To: _____		
Desired capacity: <u>6</u> (GPM) Est. Max. Daily Use: <u>1000</u> (GPD)		
Will the operation of this well by itself or in combination with any other well(s) owned or operated by the permittee withdraw greater than 50,000 gallons in any 24 hr. period? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

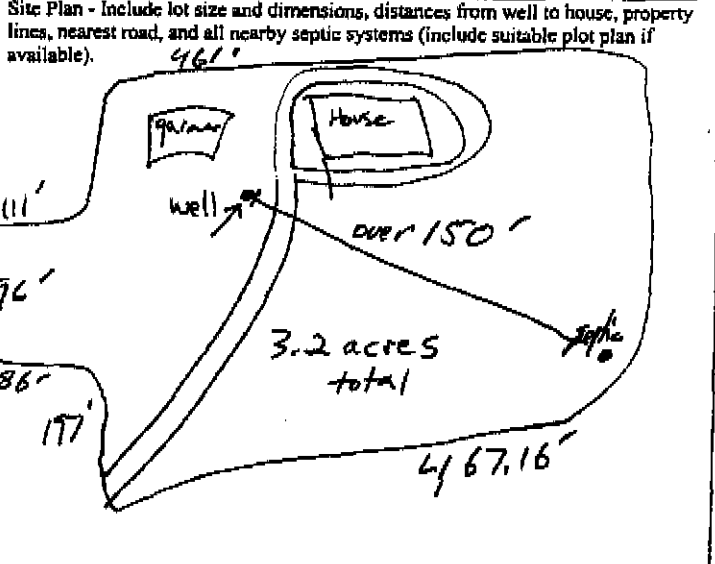
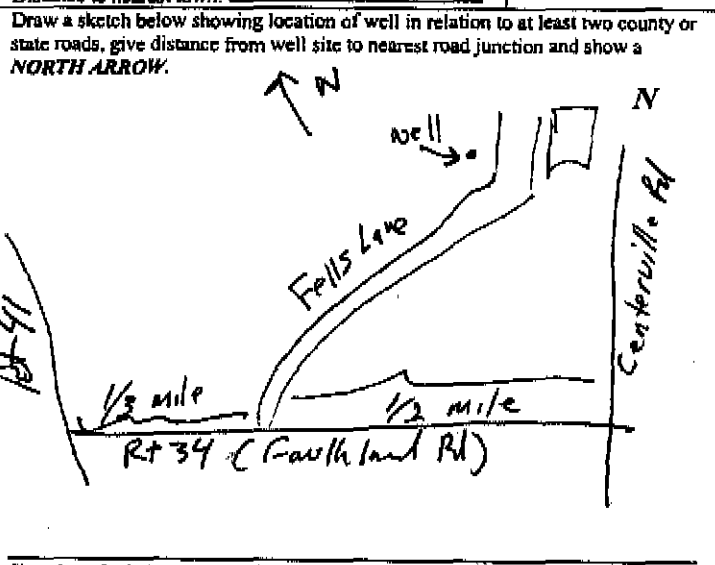
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Application Preparer / Water Well Contractor: [Signature] Date: 11-26-01
 Signature - Property Owner: [Signature] Date: 11/15/01

Please release the contractor's copy of the permit and the well tag to the water well contractor.
 YES NO

LOCATION MAP - ROAD MAP

County: New Castle Kent Sussex
 Subdivision: NONE
 Lot no: _____
 Tax Map#: 09-033.00-020
 Name of nearest town: Wilmington
 Distance to nearest town: 5



Permit Number: 182710-N

RECEIVED FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Received By: _____ Modified Grid: 0810-3100 DRBC: YES NO X-Coord: 180889
 Amount: NOV 29 2001 Drainage Basin: 103 Formation: Astorian Y-Coord: 194059
 Date: _____ Quad: Newark E Aquifer: _____ DOT #: _____
 WATER SUPPLY 11-29-01 0900 5050
 Domestic 75.00
 Doc No. 40-08/85/05/01-EC 2

MAIL TO:

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DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED
PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 182710 Local ID: _____
Tax Map/Parcel #: 08-033.00-020
Property Owner: LISA B. GOODMAN
Water Well Contractor: WALTON CORP. WC Lic #: 52
Well Driller in Charge during Construction: MAX R. WALTON

WELL CONSTRUCTION METHOD

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

Total Depth of Excavation: 500'
Construction Date: 01-15-02

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>+1</u>						
CASING BOTTOM:	<u>-120'</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>STEEL</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>N/A</u>						
SCREEN BOTTOM:							
SCREEN DIAMETER:							
SCREEN MATERIAL:							

Gravel Pack From: _____ ft. To: _____ ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: 0 ft. To: -120 ft.
Type of Non-Grout backfill of Well Annulus: _____
From: _____ To: _____
Static Water Level: 21 ft. Below OR Above Ground Surface
On (date): 12-15-02
Pumping Water Level: 400 ft. On (date): 1-15-02
After: 6 hrs. Pumping at: 3 GPM
Was a Geophysical Log Taken? YES NO

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: WELL CAP.
Well Head Completed: 12+ inches Above (OR) Below Ground Surface
Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____

RECEIVED
JAN 18 2002
WATER SUPPLY

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

Max R. Walton
Signature - Well Driller in Charge of Well Construction

836
License #

1-16-02
Date

MAIL TO:
WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
BE RETURNED WITHIN 30 DAYS OF
CONSTRUCTION DATE

FORMATION LOG

PAGE 2 OF 2 PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT# 182710	LOCAL ID#	
PROPERTY OWNER LISA B. GOODMAN		
WELL CONTRACTOR WALTON CORPORATION		LIC# 52
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
BROWN SILT	0	40'
DECOMPOSED ROCK w/SOME FRACTURES	40'	100'
HARD GRAY ROCK	100'	500'

OTHER COMMENTS:

RECEIVED
JAN 18 2002
WATER SUPPLY

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
Signature of Well Driller In Charge Max R. Walton License# 836 Date 1-16-02

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 1990

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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WELL COMPLETION REPORT
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WELL FORMATION LOG MUST BE
INCLUDED WITH THIS REPORT.

- OFFICIAL USE ONLY -

WELL COMPLETION REPORT

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ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 180214W Local ID: WP-105
Tax Map/Parcel #: 07-047-30-108
Property Owner: Dupont Corp Remediation Group
Water Well Contractor: Walton Corp WC Lic #: 52
Well Driller in Charge during Construction: Daniel Taylor

WELL CONSTRUCTION METHOD

Augered
 Bored
 Cable Tool
 Driven
 Jetted
 Air Rotary
 Mud Rotary
 Reverse
 Washed
 Other (Specify): _____
Total Depth of Excavation: 15.0
Construction Date: 9-22-01

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>7.25</u>						
CASING BOTTOM:	<u>8.0</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>8.0</u>						
SCREEN BOTTOM:	<u>16.0</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 15.0 ft. To: 3.0 ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: 3.0 ft. To: 0.0 ft.
Type of Non-Grout backfill of Well Annulus: _____
From: _____ To: _____
Static Water Level: 10.0 ft. Below OR Above Ground Surface
On (date): 9-22-01
Pumping Water Level: _____ ft. On (date): _____
After: _____ hrs. Pumping at: _____ GPM
Was a Geophysical Log Taken? YES NO

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface: _____
Pump Installed By: _____ On (date): _____
The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.
 YES NO
If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: well set in gravel

WELL HEAD COMPLETION:

Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: NO COVER
Well Head Completed: 30 inches Above (OR) Below Ground Surface
Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

RECEIVED

OCT 22 2001

WATER SUPPLY

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

Daniel Taylor
Signature - Well Driller in Charge of Well Construction

1001 9-20-01
License # Date

MAIL TO:

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

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
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http://www.dnrec.state.de.us/

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INCLUDED WITH THIS REPORT.

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PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

WELL CONSTRUCTION METHOD

Permit # of completed well: 180213-W Local ID: EW-101
 Tax Map/Parcel #: 07-047,30-108
 Property Owner: Superior Remediation Group
 Water Well Contractor: Waltan Corp WC Lic #: 52
 Well Driller in Charge during Construction: Daniel Taylor

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

Total Depth of Excavation: 15.0
 Construction Date: 8-22-01

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>+2.5</u>						
CASING BOTTOM:	<u>5.0</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

	(1)	(2)	(3)	(4)	(5)	(6)	
SCREEN TOP:	<u>5.0</u>						
SCREEN BOTTOM:	<u>15.0</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 15.0 ft. To: 4.0 ft.

Grout Type: Cement Bentonite Clay
 Other: _____ From: 4.0 ft. To: 0.0 ft.

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

Static Water Level: 9.0 ft. Below OR Above Ground Surface
On (date): 8-22-01

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: NO COVER

Well Head Completed: 20 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.
 YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: well set in gravel

RECEIVED

OCT 22 2001

WATER SUPPLY

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

Daniel Taylor
Signature - Well Driller in Charge of Well Construction
1001 8-22-01
License # Date

MAIL TO:

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

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 180212-W Local ID: EP103
Tax Map/Parcel #: 07-047.30-108
Property Owner: Dyport Corp Remediation Group
Water Well Contractor: Walter Corp WC Lic #: 52
Well Driller in Charge during Construction: Daniel Taylor

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 15.0
Construction Date: 8-21-01

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>+2.5</u>						
CASING BOTTOM:	<u>5.0</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>5.0</u>						
SCREEN BOTTOM:	<u>16.0</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 15.0 ft. To: 3.0 ft.

Grout Type: Cement Bentonite Clay

Other: _____ From: 3.0 ft. To: 0.0 ft.

Type of Non-Grout backfill of Well Annulus: _____

From: _____ To: _____

Static Water Level: 9.5 ft. Below OR Above Ground Surface

On (date): 8-21-01

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: NO COVER

Well Head Completed: 30 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?

YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____

Rated Capacity (GPM): _____

Pump Intake Setting: _____ Ft. Below Ground Surface:

Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: Well set in gravel

RECEIVED
OCT 22 2001
WATER SUPPLY

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

Signature - Well Driller in Charge of Well Construction

License # 1001 Date 8-20-01

MAIL TO:

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

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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PAGE _____ OF _____ PAGES

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PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 1802 LL-W Local ID: EW-102
Tax Map/Parcel #: 07-047.30-109
Property Owner: Dupont Corp Remediation Group
Water Well Contractor: Walton Corp WC Lic #: 52
Well Driller in Charge during Construction: David Taylor

WELL CONSTRUCTION METHOD

Augered
 Bored
 Cable Tool
 Driven
 Jetted
 Air Rotary
 Mud Rotary
 Reverse
 Washed
 Other (Specify): _____
Total Depth of Excavation: 65.0
Construction Date: 9-22-01

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>12.5</u>						
CASING BOTTOM:	<u>5.0</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>5.0</u>						
SCREEN BOTTOM:	<u>65.0</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 65.0 ft. To: 3.0 ft.

Grout Type: Cement Bentonite Clay
 Other: _____ From: 3.0 ft. To: 0.0 ft.

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

Static Water Level: 19.0 ft. Below OR Above Ground Surface
On (date): 9-22-01

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: NO COVER

Well Head Completed: 30 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface:
Pump Installed By: _____ On (date): _____

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: Well set in Gravel

RECEIVED
OCT 22 2001
WATER SUPPLY

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

Signature - Well Driller in Charge of Well Construction
David Taylor

License # 1001 Date 9-20-01

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

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT

WELL COMPLETION REPORT
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PAGE 1 OF 1 PAGES

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 180049-W Local ID: WF101
Tax Map/Parcel #: 07-042, 30-608
Property Owner: DuPont Corp Remediation Group
Water Well Contractor: Walton Corp WC Lic #: 52
Well Driller in Charge during Construction: Daniel Taylor

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
Other (Specify): _____
Total Depth of Excavation: 15.0
Construction Date: 8-21-01

CASING INSTALLATION:

INNER CASING

OUTER CASING

	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>12.5</u>						
CASING BOTTOM:	<u>5</u>						
CASING DIAMETER:	<u>6"</u>						
CASING MATERIAL:	<u>PVC</u>						

SCREEN INSTALLATION

	(1)	(2)	(3)	(4)	(5)	(6)	
SCREEN TOP:	<u>5</u>						
SCREEN BOTTOM:	<u>15</u>						
SCREEN DIAMETER:	<u>6"</u>						
SCREEN MATERIAL:	<u>PVC</u>						

Gravel Pack From: 15.0 ft. To: 3.0 ft.
Grout Type: Cement Bentonite Clay
 Other: _____ From: 3.0 ft. To: 0.0 ft.
Type of Non-Grout backfill of Well Annulus: _____
From: _____ To: _____
Static Water Level: 10.0 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

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: _____
Rated Capacity (GPM): _____
Pump Intake Setting: _____ Ft. Below Ground Surface: _____
Pump Installed By: _____ On (date): _____
The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.
 YES NO
If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: well set in gravel

RECEIVED
OCT 22 2001
WATER SUPPLY

WELL HEAD COMPLETION:
Type: Pitless Adapter Standard "T"
 Well Pit Pad Mount
 Other - Specify: No cover
Well Head Completed: 30 inches Above (OR) Below Ground Surface
Was the Well Tag attached in accordance with current regulations?
 YES NO If "NO", Please Explain: _____

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

Daniel Taylor
Signature - Well Driller in Charge of Well Construction

1001 8-20-01
License # Date

MAIL TO:

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

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
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PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Permit # of completed well: 176502 Local ID: _____
Tax Map/Parcel #: 8-051.00-001
Property Owner: FIRST STATE ENT. INC.
Water Well Contractor: MWD Co. WC Lic #: 607
Well Driller in Charge during Construction: Joseph A. Borrell

WELL CONSTRUCTION METHOD

Augered Bored Cable Tool
 Driven Jetted Air Rotary
 Mud Rotary Reverse Washed
 Other (Specify): _____
Total Depth of Excavation: 55
Construction Date: 6-26-01 8-26-01

CASING INSTALLATION:

	(1)	(2)	INNER CASING			(6)	OUTER CASING
	(1)	(2)	(3)	(4)	(5)	(6)	
CASING TOP:	<u>+2'</u>						
CASING BOTTOM:	<u>40</u>						
CASING DIAMETER:	<u>4"</u>						
CASING MATERIAL:	<u>PRC</u>						

SCREEN INSTALLATION

SCREEN TOP:	<u>40</u>						
SCREEN BOTTOM:	<u>55</u>						
SCREEN DIAMETER:	<u>4</u>						
SCREEN MATERIAL:	<u>PRC</u>						

Gravel Pack From: 35 ft. To: 55 ft.

Grout Type: Cement Bentonite Clay
 Other: _____ From: 3 ft. To: 35 ft.

Type of Non-Grout backfill of Well Annulus: none
From: _____ To: _____

Static Water Level: 9 ft. Below OR Above Ground Surface
On (date): 6-27-01

Pumping Water Level: 35 ft. On (date): 6-27-01
After: 2 hrs. Pumping at: 30 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: 24 inches Above (OR) Below Ground Surface

Was the Well Tag attached in accordance with current regulations?

YES NO If "NO", Please Explain: _____

TYPE OF PERMANENT PUMP INSTALLED:

Pump Manufacturer: Goulds
Rated Capacity (GPM): 18
Pump Intake Setting: 35 Ft. Below Ground Surface:
Pump Installed By: driller On (date): 6-27-01

The location and construction of this well is in Compliance with all permit conditions and all applicable well construction regulations.

YES NO

If "NO," attach a copy of the approved well permit showing the revised location clearly marked.

COMMENTS: _____

RECEIVED

SEP 04 2001

WATER SUPPLY

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

Joseph A. Borrell
Signature - Well Driller in Charge of Well Construction

4056
License #

8-30-01
Date

MAIL TO:

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

APPLICATION MUST BE SUBMITTED AND
PERMIT RECEIVED BEFORE DRILLING IS
STARTED.

APPLICATION FOR A PERMIT
TO CONSTRUCT A WELL

- OFFICIAL USE ONLY -

PAGE # 4 OF 4 PAGES
PERMIT NO: 171366-V

PLEASE TYPE OR PRINT-USE BLUE OR BLACK INK ONLY -
ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

GENERAL INFORMATION
Property Owner: FIRST STATE ENT, INC.
Address: 700 First State Blvd.
City: Wilmington State: De. Zip: 19801
Telephone Number: _____
Application Preparer/WC: MWD Co.
Lic. #: 607 Date of Application: 3-13-2000
Estimated Construction Date: 3-30-2000

Purpose: Test or Permanent

- Use: Domestic ~~Municipal~~ Agricultural
 Industrial Heat Pump Recharge
 Public Closed Loop Heat Pump
 Miscellaneous Public Heat Pump Supply
 Temporary For Well Construction
 Other (Specify): _____

Is this a replacement well? NO YES reason: _____
Is public water available? NO YES (Specify): _____
On public sewage: YES OR Septic system permit #: _____

PROPOSED WELL CONSTRUCTION

	Inner Casing	Outer Casing
Approximate total depth:	<u>80</u>	
Casing top (above grade):	<u>+1'</u>	
Casing bottom (below grade):	<u>70'</u>	
Casing diameter:	<u>4"</u>	
Casing material:	<u>PVC</u>	

Tentative screen setting: 70 (top) To: 80
Tentative screen length: 10 Material: PVC
Type of Grout: Bestgrout From: 65 (top) To: 65
Gravel pack: NO YES From: 65 To: 80
Desired capacity: 30 (GPM) Est. Max. Daily Use: 30,000 (GPD)

Will the operation of this well by itself or in combination with any other well(s) owned or operated by the permittee withdraw greater than 50,000 gallons in any 24 hr. period? NO YES

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

Signature - Application Preparer / Water Well Contractor: Derek D. Boyd Date: 3-13-2000

Signature - Property Owner: James L. ... Date: 3-14-2000

Please release the contractor's copy of the permit and the well tag to the water well contractor.

RECEIVED

Received By: APR 5 2000

WATER SUPPLY

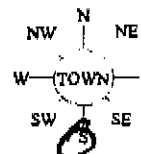
FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Modified Grid: 088-390 DRBC: YES NO X-Coord: 181640
Drainage Basin: 105 Formation: _____ Y-Coord: 190112
Quad: Wilmington E Aquifer: _____ DOT #: _____

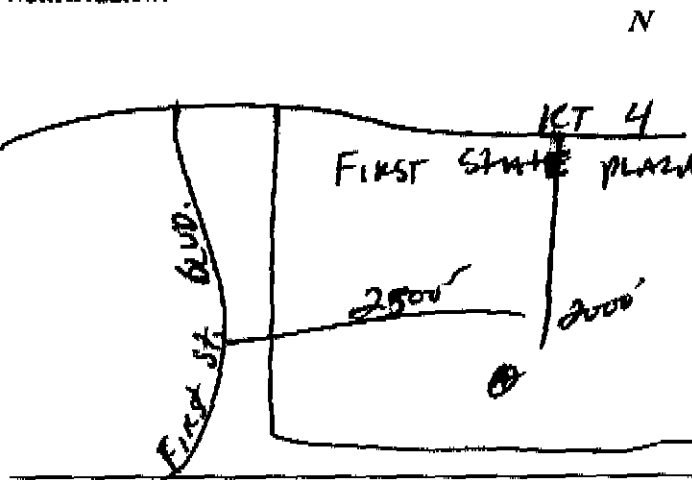
LOCATION MAP - ROAD MAP

County: New Castle Kent Sussex
Subdivision: _____
Lot no: _____
Tax Map#: 00-051.00-001
Name of nearest town: NEWPORT
Distance to nearest town: 1 mile

DIRECTION OF WELL FROM TOWN (CIRCLE DIRECTION)

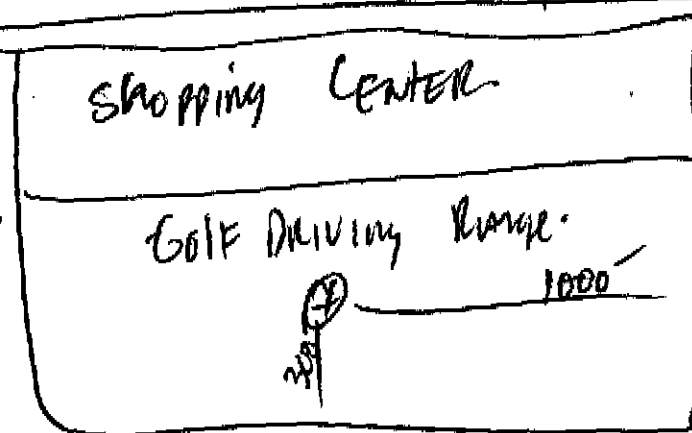


Draw a sketch below showing location of well in relation to at least two county or state roads, give distance from well site to nearest road junction and show a NORTH ARROW.



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).

KT 4 10 ACRES



Permit Number: 171366-V

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE
RETURNED WITHIN 30 DAYS OF
CONSTRUCTION.

WELL COMPLETION REPORT

PAGE 1 OF 2 PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT NO. 171366-W LOCAL ID _____
TAX MAP # 08-051.00-001
PROPERTY OWNER First State Ent, Inc.
WELL CONTRACTOR Joseph D. Borrell
LIC# 4056 CONSTRUCTION DATE 9-1-2000

WELL CONSTRUCTION METHOD
 AUGERED BORED CABLE TOOL
 DRIVEN JETTED AIR ROTARY
 MUD ROTARY REVERSE WASHED
 OTHER _____ (Specify)
TOTAL DEPTH OF EXCAVATION: 45'

CASING INSTALLATION
INNER CASING(S)

CASING TOP +1'
CASING BOTTOM 35'
CASING DIAMETER 4"
CASING MATERIAL PVC

OUTER CASING

SCREEN INSTALLATION
INNER CASING(S)

SCREEN TOP 35'
SCREEN BOTTOM 45'
SCREEN DIAMETER 4"
SCREEN MATERIAL PVC

GRAVEL PACK FROM 30 TO 45 FEET

GROUT TYPE: CEMENT (c) BENTONITE CLAY (b)

OTHER (a) _____
FROM 3 (ft.) TO 50 FROM _____ (ft.) TO _____ FEET

NON-GROUT BACKFILL OF WELL ANNULUS

TYPE none FROM _____ TO _____

STATIC WATER LEVEL OF (DATE) 9-2-2000
6' FT. (Below, Above) GROUND SURFACE

PUMPING WATER LEVEL 30 FT. ON 9-3-2000 (DATE)
AFTER 2 HOURS AT 20 GPM.

WAS A GEOPHYSICAL LOG TAKEN? YES NO

WELL HEAD COMPLETION:

TYPE: TIPLESS ADAPTER STANDARD 'T'
 WELL HEAD PAD MOUNT

06-13-2000 INCHES ABOVE GRADE

WAS THE WELL TAG ATTACHED? YES NO

IF "NO", EXPLAIN

WATER SUPPLY

TYPE OF PERMANENT PUMP INSTALLED:

PUMP MANUFACTURE Goulds
RATED CAPACITY (GPM) 10
PUMP INTAKE SETTING 30 FT. BELOW GRADE

THE LOCATION AND CONSTRUCTION OF THIS WELL IS IN
COMPLIANCE WITH ALL PERMIT CONDITIONS AND WITH ALL
APPLICABLE WELL CONSTRUCTION REGULATIONS.

YES NO

If "no," attach a copy of the approved well permit which has the revised location
clearly marked.

NOTE: Completed Formation Log must be attached.

COMMENTS:

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

Signature of Well Driller in Charge

4056
License#

10-1-2000
Date

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST
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CONSTRUCTION DATE

FORMATION LOG

PAGE 2 OF 2 PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT# <u>1713666-W</u>	LOCAL ID#	
PROPERTY OWNER <u>First State Ent. Inc.</u>		
WELL CONTRACTOR <u>Middletown Well Drilling, Co.</u>	LIC# <u>4056</u>	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>FILL</u>	<u>0</u>	<u>8</u>
<u>BRN SATY sandy clay</u>	<u>8</u>	<u>13</u>
<u>Cobbles + fine gravel</u>	<u>13</u>	<u>28</u>
<u>WHIT Red clay</u>	<u>28</u>	<u>35</u>
<u>BRN sand</u>	<u>35</u>	<u>45</u>

OTHER COMMENTS:

RECEIVED
OCT 19 2000
WATER SUPPLY

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

[Signature] License# 4056 Date 11-1-2000
Signature of Well Driller in Charge