

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

0024-03

PAGE _____ OF _____ PAGES

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

PERMIT# <i>18929</i>		LOCAL ID#	
PROPERTY OWNER <i>Shore Fresh - Davidson</i>			
WELL CONTRACTOR <i>Weber</i>		LIC# <i>319</i>	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
<i>topsoil</i>	<i>0</i>	<i>10</i>	
<i>med sands</i>	<i>10</i>	<i>20</i>	
<i>concrete sand</i>	<i>20</i>	<i>60</i>	
OTHER COMMENTS: _____			

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

Signature of Well Driller In Charge: *[Signature]* License#: *4129* Date: _____

RECEIVED OCT 23 2002 WATER SUPPLY
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