

DIVISION
 WATER RESOURCES
 HIGHWAY
 DELAWARE 19901
 TEL: 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

0932-08

PAGE 2 OF 2 PAGES

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

PERMIT#	189270	LOCAL ID#	TW1
PROPERTY OWNER	Harold Short		
WELL CONTRACTOR	ACSD	LIC#	14
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
Topsoil	0	1	
Fine-Med Tan Sand	1	16	
Med-Coarse Orange Sand	16	65	
Coarse Orange Sand w/ Stone	65	98	
Med-Coarse Tan Sand	98	101	
Coarse Orange Sand	101	117	
Gray Clay w/ Fine Gray Sand	117	120	

OTHER COMMENTS: _____

RECEIVED
 OCT 9 2002
 WATER SUPPLY

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

Signature of Well Driller In Charge: Mike D. Boaz License#: 645 Date: 10/5/02