STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

ALY SECTION
AN OF WATER RESOURCES
AINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

FORMATION LOG

0935-02

PAGE A OF A PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED		
PERMIT# \86857 LOCAL	LID#	
PROPERTY OWNER James Abel		
WELL CONTRACTOR ACSD	LIC# \	14
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Topsoil	0	\
Med White Sand	l	8
Brown's White Clay	8	12
Med Tan Sand	12	40
Fine-Med White Sand	40	56
Tan Sand w/ Gravel.	SG.	76
	·	(
OTHER COMMENTS:		
RECEIVED		
		UN 2 8 2002
	143	NN 50 cmc
	<u> W</u>	ATER SUPPLY
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE	T AND CODDECT	
THEREBI AFTIRM THE INFORMATION THAVE SUBMITTED IS ACCURATE	771)	h4/12
Signature of Well Driller Is Charge	de la contraction de la contra	-/0-