AIL TO:

FAX: 302-739-2296

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES 89 KINGS HIGHWAY YOVER, DELAWARE 19901 THONE: 302-739-3665

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

PC15-15

PAGE _____ OF ____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL B	E RETURNED		
PERMIT# 183811 W	RMIT# 183871 W LOCAL ID#		
PROPERTY OWNER LOI'S PARSONS			
WELL CONTRACTOR WOOTTEN		LIC# 257	
DESCRIPTION	TO	P OF STRATA	BOTTOM OF STRATA
sand		0	80
CLAY		50	60
5 HNU		40	95
&L#Y	9	5	100
clhy clhy		100	
W.			
	-	· · · · · · · · · · · · · · · · · · ·	
OTHER COMMENTS:			<u></u>
	YJ49US ABTAW		
,	+ LEB 5 2 5005		
	BECEINED		
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge	License#	 Date	2/7/02
White - DNREC • Canary - Contractor • Pink - Owner Doc. No. 40-08-82-12-11			