

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

PC 34-14

PAGE _____ OF _____ PAGES

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

PERMIT# 181127

LOCAL ID#

PROPERTY OWNER David Fox

WELL CONTRACTOR MORRIS

LIC# 1004

DESCRIPTION

TOP OF STRATA

BOTTOM OF STRATA

Top soil

0

2

yellow fine sand

2

20

yellow clay

20

26

TAN fine sand

26

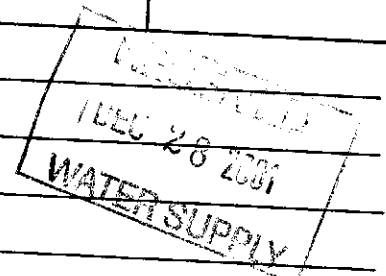
40

TAN med sand

40

60

OTHER COMMENTS:



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

Signature of Well Driller In Charge

1004
License#

10-25-01
Date

White - DNREC • Canary - Contractor • Pink - Owner