

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

PAGE _____ OF _____ PAGES

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

PERMIT# <i>177112</i>	LOCAL ID#	
PROPERTY OWNER <i>Fred Slabaugh</i>		
WELL CONTRACTOR <i>MORRIS</i>	LIC# <i>1004</i>	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Top Soil</i>	<i>0</i>	<i>2</i>
<i>yellow med sand to clay</i>	<i>2</i>	<i>25</i>
<i>TAN coarse sand</i>	<i>25</i>	<i>55</i>
<i>Re 32-41</i>		

OTHER COMMENTS:

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

[Signature] *1004* *2-24-02*
 Signature of Well Driller In Charge License# Date