STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

.7901 505 -296

FORMATION LOG

Pf13-13

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED		
	OCAL ID#	
PROPERTY OWNER Harry Marker Sr.		
ELL CONTRACTOR A CS &		4
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Topsoil	0	(
Med White Sand		29
Med Light Tan Sand	29	48
Med Tan Sand a Gravel	48	92
•		
OTHER COMMENTS:		
RECEIVED		
- CCT 1 © 2000		
WATER SUPPLY		
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT		
- Edward C 7500 10/1/100		
Signature of Well Driller In Charge	License# Date	- 100 (× C)