## STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES

AND ENVIRONMENTAL CONTROL

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

ISION OF WATER RESOURCES DOVER, DELAWARE 19901 PHONE: 302-739-3665 FAX: 302-739-2296

A SUPPLY SECTION

## **FORMATION LOG**

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED		
PERMIT# 154245-W LOCAL ID# 1-33-6-140.14		
PROPERTY OWNER CAROLYN L. WELLS		
WELL CONTRACTOR PENCLISH	LIC# 181	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOPSOIL SANDELAY WHITE SAND TANSAND GRAVEL	0	/
SANDELAY	1	6
WHITESAND	6	40
TANSANO GRAVEL	40	5/
,		
	RECEIVED	)
	MAR 04 1998	
	WATER SUPPL	
	THE TOUR PLANT	<u>Y</u>
OTHER COMMENTS:		
OTTIER COMMINITS.		
)		
I HEDERY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORDECT		
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT  281 2/1/98		
Signature of Well Driller In Charge License# Date		

,~ <del>`</del> .