## STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

ALY SECTION
AN OF WATER RESOURCES
ANGS HIGHWAY
OVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

## FORMATION LOG

		PAGE	OFPAGES
PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WI	LL BE RETURNED		
PERMIT# 178128 W	LOCAL ID#		
PROPERTY OWNER HErson Homes			
WELL CONTRACTOR WIST TEN  DESCRIPTION			5-6
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
SANd		8	15-
clay		15	20
SAND CLAY CAND		20	50
			*1
OTHER COMMENTS:			
		RECE	EIVED
		( AUG O	8 2001
		WATER	SUPPLY
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS A	CCURATE AND CORI	RECT	
Gaul Worten	<u></u>	Date	1101
Signature of Well Driller In Charge	License#	Date	

Canary - Contractor

Pink - Owner

Doc. No. 40-08-82-12-11

White - DNREC