

✓ Wm

SECTION
WATER RESOURCES
HIGHWAY
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

Pg 41-05 ✓

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

PERMIT# 159827 LOCAL ID# _____

PROPERTY OWNER Sam & Ernestine Tindal

WELL CONTRACTOR Allied Water Services LIC# _____

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Fine white sand with clay	0	10
Medium Fine white sand	10	20
Medium white sand	20	30
Medium Coarse white sand	30	40
Coarse white sand	40	50
Very Coarse Red sand	50	60

OTHER COMMENTS: _____

JAN 20 1999

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

Wm Busby License# 867 Date 8/14/98
Signature of Well Driller In Charge

White - DNREC • Canary - Contractor • Pink - Owner