

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
P.O. BOX 1401, 89 KINGS HIGHWAY
DOVER, DELAWARE 19903
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

6

FORMATION LOG

P 32-03

PAGE _____ OF _____ PAGES

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

PERMIT# 157861 LOCAL ID# _____

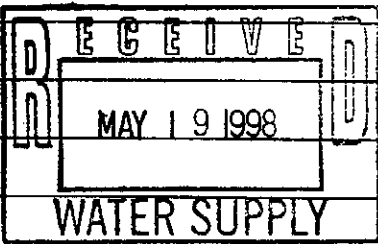
PROPERTY OWNER STATE OF DE

WELL CONTRACTOR WHITE LIC# 1

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>top soil</u>	<u>0</u>	<u>1</u>
<u>fine yellow sand</u>	<u>1</u>	<u>4</u>
<u>med yellow sand</u>	<u>4</u>	<u>28</u>
<u>med gray sand & clay</u>	<u>28</u>	<u>61</u>
<u>coarse yellow sand</u>	<u>61</u>	<u>97</u>
<u>gray clay</u>	<u>97</u>	<u>112</u>
<u>med gray sand</u>	<u>112</u>	<u>128</u>
<u>gray clay</u>	<u>128</u>	<u>180</u>
<u>coarse gray sand</u>	<u>180</u>	<u>220</u>
<u>gray clay</u>	<u>220</u>	

FA

OTHER COMMENTS: _____



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

Roy E White # License# 5 Date 5/13/98

Signature of Well Driller In Charge

License#

Date

3