

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, 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

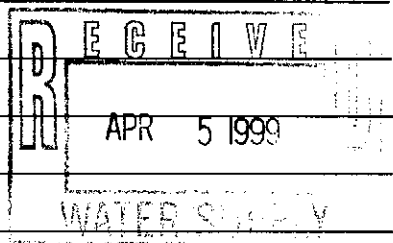
Qc22-17

PAGE _____ OF _____ PAGES

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

PERMIT#	164089-W	LOCAL ID#	4-32-7-3
PROPERTY OWNER	WILLIAM THOMPSON		
WELL CONTRACTOR	VWP	LIC#	1051
	DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
	TOP SOIL	0	1
	FINE TAN SD	1	25
	ORANGE MED SD	25	58
	MED TAN SD	58	85
	COURSE TAN SD	85	112

OTHER COMMENTS:



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

[Signature] _____ 703 _____ B-26-99
Signature of Well Driller In Charge License# Date