

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

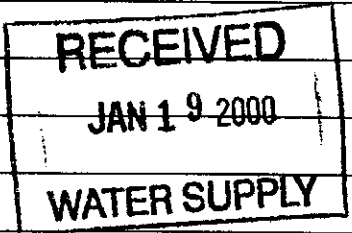
Qc23-11

PAGE _____ OF _____ PAGES

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

PERMIT# 163911	LOCAL ID#	
PROPERTY OWNER FRANK TR ESTKA		
WELL CONTRACTOR WSS	LIC# B30	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	1
WHITE SAND	1	4
GRAY CLAY	4	7
YELLOW SAND MED TO COARSE	7	45
GRAY CLAY TO SILT	45	81
TAN SAND MED	81	120

OTHER COMMENTS:



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

Signature of Well Driller In Charge _____ License# B30 Date 3-20-99