

TO:

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

FORMATION LOG

Qc 24-15

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

PERMIT# 181126		LOCAL ID#	
PROPERTY OWNER WAITER HUSHEAR			
WELL CONTRACTOR MORRIS			LIC# 1009
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
Top Soil	0	2	
yellow fine sand Qd?	2	15	
gray clay + shell? Qn	15	18	
gray med sand	18	50	
TAN coarse sand	50	70	
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;">DEC 28 2001</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">WATER SUPPLY</div>			
OTHER COMMENTS:			

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

[Signature] Signature of Well Driller In Charge 1009 License# 11-5-01 Date