

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

✓ N/M

✓

FORMATION LOG

Qd51-12

PAGE _____ OF _____ PAGES

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

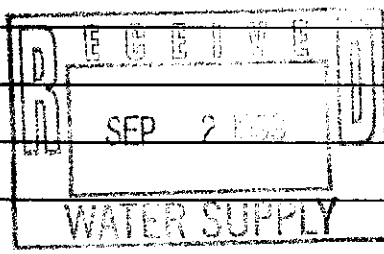
PERMIT# 159627 LOCAL ID# 56059.53

PROPERTY OWNER *Norris Riblett*

WELL CONTRACTOR *T Morris* LIC# *1004*

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Top Soil</i>	<i>0</i>	<i>3</i>
<i>med white sand</i>	<i>3</i>	<i>20</i>
<i>med tan sand</i>	<i>20</i>	<i>40</i>
<i>course tan sand</i>	<i>40</i>	<i>60</i>

OTHER COMMENTS:



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

T Morris *1004* *8/3/98*
Signature of Well Driller In Charge License# Date