ECTION
ATER RESOURCES
AWAY
AWARE 19901
739-3665
9-2296

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

FORMATION LOG

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

QF54-12

PAGE _____ OF _____ PAGES

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

MIT# 160042 | LOCAL ID#

PROPERTY OWNER DORIS FISHER

WELL CONTRACTOR WSS | LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP	0	2
YELLOW SAND MED	2	12
GRY SAND F-E	12	19
" SILT	19	31
" SAND MED	31	80

OTHER COMMENTS:

RECEIVED
JAN 19 2000
WATER SUPPLY

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

Signature of Well Driller In Charge | License# B30 | Date 8/19/98

White - DNREC • Canary - Contractor • Pink - Owner

Doc. No. 40-08-82-12-11