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

PAGE _____ OF ____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL	BE RETURNED		·· ··	
PERMIT# / \$3646	LOCAL ID#			
PROPERTY OWNER OAKWOOD HONES				
WELL CONTRACTOR MORRIS		LIC# /064		
DESCRIPTION		OP OF STRATA	BOTTOM OF STRATA	
Too Gul		_		
100			2	
yellow med sand		2	15	
Yellow med sand gray clay + sand		15	25	
gray red sand gray + Brun Clay gray course sand		25	45	
gray + Brown Clay	,	45	50	
gray courses	and	50	78	
OTHER COMMENTS:				
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT				
	1004		2.11-02	
Well Driller In Charge	License#	Date		
White - DNREC • Canary - C	ontractor • Pink -	Owner	Doc No 40-08-82-12-11	