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

PAGE _____ OF ____ PAGES

FORMATION LOG

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED			
PERMIT# 176233-W	LOCAL ID#		
PROPERTY OWNER Robert Cartes			
WELL CONTRACTOR MOULES			004
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
TOP Sail		0	2
yellow Line Sand		2	25
White Med Sand		25	50
			_
White Chuse Sans	1	50	65
			
White Clay		6 S	75
Gray			
Range medto course:	sand	75	108
OTHER COMMENTS:			
MATER SUPPLY			
WATERSON			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Tmorus 1004 1-8-00			
Signature of Well Driller In Charge	License#	/ Date	