STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

LY SECTION
OF WATER RESOURCES
OS HIGHWAY
OVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

FORMATION LOG

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED				
PERMIT# / 6 C O G H - W LOCAL IDA PROPERTY OWNER W LA IAM M ME NEILA L WELL CONTRACTOR PENCEL IS H DESCRIPTION	1-34-13-7	7//		
PROPERTY OWNER WILL IAM M MENTILL				
WELL CONTRACTOR PENCLISH	Lic# 2	LIC# 282		
	TOP OF STRATA	BOTTOM OF STRATA		
TOPSOIL	0	/		
SANDELAY		6		
WHITE SAND TARSAMO GRAVEL	50	50		
TAKSAMO GRAVEL	50	65		
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OTHER COMMENTS:				
0EC F 1998				
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT				
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Signature of Well Driller In Charge License#	Date			