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

Q; 42-53

PAGE _____ OF _____ PAGES

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

PERMIT# 166834 | LOCAL ID#

PROPERTY OWNER WILLIAM BARKLEY

WELL CONTRACTOR WSS | LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	2
TAN SAND MED	2	19
GREY CLAY	19	31
GREY SAND MED TO COARSE	31	96
GREY CLAY TO SILT	96	121
GREY SAND MED	121	150

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# 830 | Date 8/14/99

White - DNREC • *Canary - Contractor* • *Pink - Owner*

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