

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# <u>165850</u>	LOCAL ID#	
PROPERTY OWNER <u>KEN CORNEW</u>		
WELL CONTRACTOR <u>WSS</u>	LIC# <u>830</u>	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>TOP</u>	<u>0</u>	<u>2</u>
<u>GRAY CLG</u>	<u>2</u>	<u>8</u>
<u>WHITE SAND</u>	<u>8</u>	<u>16</u>
<u>YELLOW SAND MED</u>	<u>16</u>	<u>147</u>
<u>GRAY SILT TO CLG</u>	<u>147</u>	<u>173</u>
<u>GRAY CLAY</u> <u>WOOD</u>	<u>173</u>	<u>189</u>
<u>GRAY SAND</u> <u>MED</u>	<u>189</u>	<u>220</u>
	<u>Q:52-74</u>	

OTHER COMMENTS: _____

RECEIVED
JAN 19 2000
WATER SUPPLY

HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

Signature of Well Driller In Charge

830
License#

1/19/99
Date