MAIL TO:

FAX: 302-739-2296

WATER SUPPLY SECTION **DIVISION OF WATER RESOURCES** P.O. BOX 1401, 89 KINGS HIGHWAY DOVER, DELAWARE 19903 PHONE: 302-739-3665

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

Rel 3-03

PAGE _____ OF ____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED				
PERMIT# 111801	LOCAL ID#			
PROPERTY OWNER NORRIS Niblett		,		
WELL CONTRACTOR TOM MORRIS			LIC# 1004	
DESCRIPTION		TOP OF STRAT	A BOTTOM OF STRATA	
white med sand + clay m	ix	0	20	
tan Med Sang		20	36	
course tan gravel		36	52	
/				
		· · · · · · · · · · · · · · · · · ·		
		<u> </u>		
•				
		 -		
OTHER COMMENTS:		······································		
2			<u> </u>	
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT				
Ton Min	1004		6-5-97	
Signature of Well Driller In Charge White - DNREC • Canary - Cana	License#	D Pink - Owner	atc Doc. No. 40-08-82-12-11	