MAIL TO:

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES P.O. BOX 1401, 89 KINGS HIGHWAY DOVER, DELAWARE 19903 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

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED			
PERMIT# \58237	LOCAL ID#	IWI	
PROPERTY OWNER Marion L Gordy			
WELL CONTRACTOR ACSD		LIC#	4
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
Topsoil		O .	\ .
Fine White Sand W/ Clay Layer	S	1	23
Med-Coarse lan Sand		<u> </u>	41
Med-Coarse Tan Sand W/ Grave	1	41	81
Med Tan Sand		81	111
Gray Clay		111	112
		R E C	E I V B D
		UU JUN	4 1998
		WATE	R SUPPLY
		# # # U.S. Sept	
OTHER COMMENTS:			
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I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge License#		Date	5/22/98
WINDOWS VI TOUR AFFIRM ME WHALE	LICCIOCH	Date	