

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

*well-08*

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

PERMIT# <u>163231</u>		LOCAL ID# <u>TW2</u>
PROPERTY OWNER <u>Darwin Hudson</u>		
WELL CONTRACTOR <u>ACSD</u>		LIC# <u>14</u>
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>Topsoil</u>	<u>0</u>	<u>1</u>
<u>Fine Tan Sand</u>	<u>1</u>	<u>15</u>
<u>Med Tan Sand</u> <u>Tbd</u>	<u>15</u>	<u>30</u>
<u>Coarse Orange Sand w/Gravel</u>	<u>30</u>	<u>60</u>
<u>Coarse Orange Sand w/Gravel</u> <u>---</u>	<u>60</u>	<u>100</u>
<u>Gray &amp; Brown Clay</u> <u>Tbr</u>	<u>100</u>	<u>105</u>

OTHER COMMENTS: \_\_\_\_\_

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MAR 10 1999

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

[Signature] 664 3-8-99  
Signature of Well Driller In Charge License# Date