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

RM3-05

PAGE _____ OF _____ PAGES

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

PERMIT# 153056-W | LOCAL ID#

PROPERTY OWNER S-33-15-1

WELL CONTRACTOR Aqua | LIC# 608

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Soil	0	1
med tan sand	1	20
Blue/gray clay	20	43
med gray sand	43	65
fine/med tan sand	65	75
med/coarse tan sand	75	120
gray clay	120	135

RECEIVED
OCT 14 1998

OTHER COMMENTS: _____

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

Signature of Well Driller In Charge _____ License# 608 Date 9/16/98

White - DNREC • Canary - Contractor • Pink - Owner

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