

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

115-09

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

PERMIT# <i>18/999-w</i>		LOCAL ID#	
PROPERTY OWNER <i>David Kramer</i>			
WELL CONTRACTOR <i>Weserwell</i>		LIC#	
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
<i>TOP SOIL</i>		<i>0</i>	<i>2</i>
<i>blown sand</i>		<i>2</i>	<i>8</i>
<i>blown Tan Clay</i>	<i>Qc5</i>	<i>8</i>	<i>10</i>
<i>grey sand</i>	<i>Qc0</i>	<i>10</i>	<i>27</i>
<i>grey clay</i>		<i>27</i>	<i>29</i>
<i>Tan Sand fine</i>	<i>Tm</i>	<i>29</i>	<i>45</i>
<i>Tan Coarse (fine gravel)</i>		<i>45</i>	<i>60</i>

OTHER COMMENTS: _____

RECEIVED
APR 10 2002
WATER SUPPLY

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

Signature of Well Driller In Charge _____ License# *4249* Date *01/15/02*