## 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**

Ri@ 33-24

\_PAGES

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| PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED    |           |           |            |                     |
|--|-----------|-----------|------------|---------------------|
| PERMIT# 178648 · W   | LOCAL ID# |           |            |                     |
| PROPERTY OWNER Margret Kannel  |           |           |            |                     |
| WELL CONTRACTOR We Ser well  | LIC# 3/9  |           |            |                     |
| DESCRIPTION  |           | TOP OF ST | TRATA      | BOTTOM OF<br>STRATA |
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| beide Son de Holore  |           | _2_       |            | W                   |
| gray Silly Sond Q.   | ?         | 10        |            | 25                  |
| grey Sand  |           | 25_       |            | 45                  |
| cier Sitt!   |           | 45        |            | 20                  |
| grey Sand  | الحاء     | 70        |            | 1/2                 |
| hard stey Clay   | 15-       | 1/0       |            | 140                 |
| Grey Smd (Com/se)  |           | 140       |            | 160                 |
| 1 Her  | *         |           |            |                     |
| betto  |           |           |            |                     |
| 109  |           |           | ·          | ·                   |
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|  |           |           |            |                     |
| 74.6   |           |           |            |                     |
| ,  |           |           |            |                     |
|  |           |           | 2505       | WED                 |
| OTHER COMMENTS:  |           |           | RECE       |                     |
|  | <u> </u>  |           | JUN 1      |                     |
|  | ·····     |           | WATER      | SUPPLY              |
|  |           |           |            |                     |
|  |           |           |            |                     |
| I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT |           |           |            |                     |
| Signature of Well Driller In Charge                                      | <u> </u>  | ·         | _ <u> </u> | 6/0/                |