

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

0c54-05

PAGE _____ OF _____ PAGES

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

PERMIT#	184158		LOCAL ID#	
PROPERTY OWNER	Bryant + Linda Tiff			
WELL CONTRACTOR	Morris		LIC#	1004
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA		
Top Soil	0	2		
Yellow med Sand	2	35		
Tan med Sand	35	78		

OTHER COMMENTS: _____

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
 Signature of Well Driller In Charge: T Morris License# 1004 Date 2-26-02