

II. 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

Od24-11

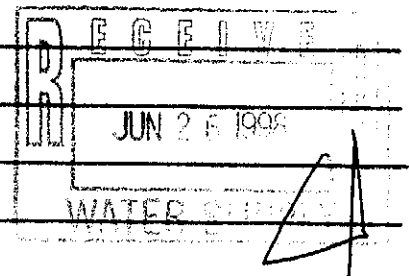
PAGE _____ OF _____ PAGES

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

PERMIT# 155816	LOCAL ID#	
PROPERTY OWNER <i>WHEATLEY Bros</i>		
WELL CONTRACTOR <i>WHITE</i>	LC# <i>1</i>	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>top soil</i>	<i>0</i>	<i>1</i>
<i>silty tan sand</i>	<i>1</i>	<i>4</i>
<i>med yellow sand</i>	<i>4</i>	<i>16</i>
<i>coarse orange sand</i>	<i>16</i>	<i>31</i>
<i>med orange sand</i>	<i>31</i>	<i>52</i>
<i>coarse yellow sand</i>	<i>52</i>	<i>61</i>
<i>coarse orange sand</i>	<i>61</i>	<i>75</i>
<i>med yellow sand</i>	<i>75</i>	<i>90</i>
<i>→ use Od24-10 lithologic descriptions more detailed</i>		

UCB

OTHER COMMENTS:



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

Ray E White # _____ *5* _____ *6/12/98*
 Signature of Well Driller In Charge License# Date