

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

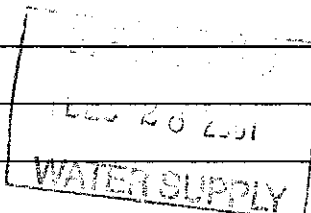
WELL COMPLETION REPORT MUST
BE RETURNED WITHIN 30 DAYS OF
CONSTRUCTION DATE

FORMATION LOG

0d43-08

PAGE _____ OF _____ PAGES

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

PERMIT# 165381-W	LOCAL ID#	
PROPERTY OWNER Charles + Alice Stanley		
WELL CONTRACTOR Morris	LIC# 1004	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
top soil	0	3
yellow fine sand & clay	3	25
yellow med sand	25	45
course tan gravel	45	70
yellow clay	70	75
med tan sand	75	95
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 6-17-99