

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

SOURCES

FORMATION LOG

Of 34-07

PAGE _____ OF _____ PAGES

BLANK OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

WELL# 159466

LOCAL ID#

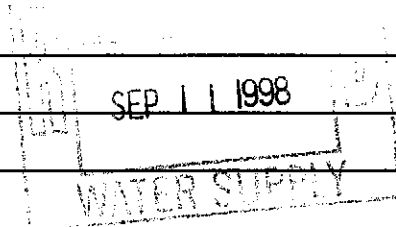
PROPERTY OWNER Andrew & Helen Jones

WELL CONTRACTOR White

LIC# 1

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
top soil	0	1
silty tan sand	1	6
med yellow sand	6	23
coarse orange sand & gravel	23	48
fine to coarse yellow sand	48	75

OTHER COMMENTS:



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

Signature of Well Driller In Charge *Prof E White*

License# 5

Date 9/1/98