..Y SECTION
.. OF WATER RESOURCES
..NGS HIGHWAY
..OVER, 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

Pc 31-04

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

PERMIT# 163844-W | LOCAL ID# 5-31-15-30.26

PROPERTY OWNER BRIAN WEST

WELL CONTRACTOR UWD | LIC# 1051

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	1
FINE SD	1	4
WHITE CLAY	4	18
MED WHITE SD	18	35
FINE ~~RED~~ ORANGE SD	35	37
MED ORANGE SD	37	50
MED TAN SD	50	65
GREY CLAY	65	67

OTHER COMMENTS:

RECEIVED
APR 5 1999
WATER SUPPLY

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

[signature] | 703 | 8-12-99
Signature of Well Driller In Charge | License# | Date

White - DNREC • Canary - Contractor • Pink - Owner

Doc. No. 40-08-82-12-11