

MAIL 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

PC 35-08

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

PERMIT# 157868	LOCAL ID#
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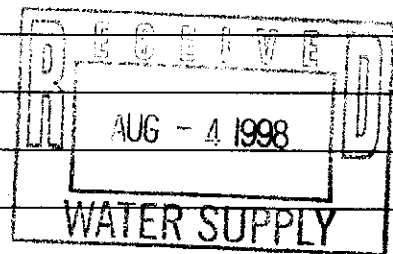
PROPERTY OWNER Rodney & Susan Hearne

WELL CONTRACTOR Atlantic Well Drilling

LIC# 789

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top soil	0	1
White sand	1	20
Tan sand - medium to course	20	65
Tan clay	65	75
Red sand - medium to course	75	107

OTHER COMMENTS:



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

Signature of Well Driller In Charge _____ License# 62 Date 7/29/98