

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

RESOURCES
DELAWARE 19901
302-739-3665
FAX: 302-739-2296

FORMATION LOG

Pf 21-10

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

PERMIT# 162151-W	LOCAL ID#	
PROPERTY OWNER WILLIAM A. SIMMONS		
WELL CONTRACTOR BAB MECH.	LIC# 600	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL & SAND	0	5
Med. FINE SAND sed. & IRON	5	20
Med. FINE SAND	20	45
Med. FINE SAND & mica & sed	45	50
Med. Course SAND	50	60
Med. FINE SAND & sed.	60	70
Med. Course SAND	70	80
IRON & GRAVEL	80	85
IRON sed. & CLAY	85	95
FINE SAND sed. CLAY & wood	95	100
FINE SAND	100	105
Med. FINE SAND	105	111

OTHER COMMENTS: _____

DEC 15 1998

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

Signature of Well Driller In Charge Steve Delano License# 723 Date 12/9/98