vmm

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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

FORMATION LOG

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

Ph 2-5-12

PAGE _____ OF _____ PAGES

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

PERMIT# 111475 | LOCAL ID#

PROPERTY OWNER Fran wersener

WELL CONTRACTOR Morris Co | LIC# 1004

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Yellow fine sand	0	20
TAN Med. sand	20	40
White med. sand	40	55
course white sand	55	65

OTHER COMMENTS: _____

RECEIVED
MAY 21 1998
WATER SUPPLY

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

Tom Morris — Signature of Well Driller In Charge
1004 — License#
4-30-98 — Date

White - DNREC • Canary - Contractor • Pink - Owner

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