

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
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STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

P-31-15

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

PERMIT#	<i>201114</i>	LOCAL ID#	<i>6-A</i>
PROPERTY OWNER	<i>Long Neck Water Company</i>		
WELL CONTRACTOR	<i>DGS</i>	LIC#	<i>999</i>
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
<i>Topsoil</i>	<i>0</i>	<i>.5</i>	
<i>Orange clayey fine sand to fine sandy clay</i>	<i>.5</i>	<i>4</i>	
<i>Orange-tan fine sand, some coarse + pebbles</i>	<i>4</i>	<i>8</i>	
<i>Same w/ some white-orange silty clay lenses</i>	<i>8</i>	<i>9</i>	
<i>Tan-white medium-fine sand, some gravel</i>	<i>9</i>	<i>14</i>	
<i>White-tan medium-fine sand w/ some coarse sand and gravel</i>	<i>14</i>	<i>19</i>	
<i>Tan medium-coarse sand, some clay</i>	<i>19</i>	<i>44</i>	
<i>Tan fine-medium sand, some coarse sand</i>	<i>44</i>	<i>64</i>	
<i>Coarse sand and gravel w/ pebbles + cobbles</i>	<i>64</i>	<i>74</i>	
<i>White medium to fine sand.</i>	<i>74</i>	<i>80</i>	

OTHER COMMENTS: _____

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

[Signature] _____ *686* _____ *6-10-04*
Signature of Well Driller In Charge License# Date