STATE OF DELAWARE
MENT OF NATURE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

CCTION WATER RESOURCES лІGHWAY A, DELAWARE 19901 "UNE: 302-739-3665 FAX: 302-739-2296

FORMATION LOG

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED							
PERMIT# 168287	LOCAL ID#						
PROPERTY OWNER MARKT COLLINS							
WELL CONTRACTOR IN COUNTY	LIC# 6/4						
DESCRIPTION	Т	OP OF STRATA	BOTTOM OF STRATA				
Topsoil		0	Z				
-tan sand		2	50				
OTHER COMMENTS:							
	RECEIV	1					
2	NOV 0 2 1	999					
	WATER SU	PPLY					
HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCU							
Thales & Banista	87/		25-99				
Signature of Well Driller In Charge	License#	Date					