

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
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

Qd12-14

PAGE _____ OF _____ PAGES

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

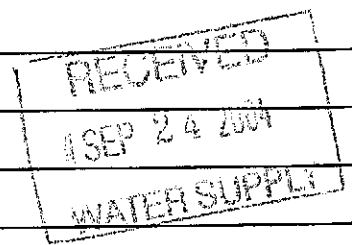
PERMIT# 196905	LOCAL ID#
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PROPERTY OWNER James Ginn

WELL CONTRACTOR Martin's	LIC# 1004
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DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top soil	0	2
yellow med sand	2	25
TAN coarse sand Tbd	25	40
TAN med sand + clay	40	70
Fine gray clay + sand Tbd or Tbt?	70	100
Sand + clay Tbt	100	120
TAN coarse sand	120	135
- well set deep to avoid clay, application was for 70'		

OTHER COMMENTS:



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

	License# 1004	Date 11-27-03
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