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

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

FORMATION LOG

Qd153-05

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

PERMIT# 157538-W | LOCAL ID# IW1

PROPERTY OWNER Madge W.

WELL CONTRACTOR ACSD | LIC# 14

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Topsoil	0	1
Med-Coarse Orange Sand	1	27
Med-Coarse Orange Sand	27	49
Fine Coarse Orange Tan Sand	49	80
Coarse Tan Sand w/ #2 Gravel	80	95
Gray & Blue Clay	95	100

OTHER COMMENTS:

RECEIVED
MAY 13 1998
WATER SUPPLY

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

Signature of Well Driller In Charge | #664 License# | 5/5/98 Date

White - DNREC • Canary - Contractor • Pink - Owner

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