

MAIL TO:

FAX: 302-739-2296

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

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

FORMATION LOG

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED					
PERMIT# 182 385 LOCAL ID# (TW#1)					
PROPERTY OWNER LOUISE W	right				
WELL CONTRACTOR ACSD		LIC# 14			
DESCRIPTION			TOP OF STRATA	BOTTOM OF STRATA	
topsoil		_	0		
Tan Fine Sand w Tan Clay			l	18	
Med Tan Sand Tod			18	32	
Orange Med Sond			32,	41	
Med Yellow Sand			41	62	
Med-Coarse Brown Sand w/ Some Gravel			62	78	
Gray Clay		Tb+	? 78	80	
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OTHER COMMENTS:					
OTHER COMMENTS.			······································		
RE	CEIVED		5.00		
	; U 4 2001				
	ER SUPPLY				
I HEREBY AFFIRM THE INCORMATION HAVE SUBMITTED IS ACCURATE AND CORRECT					
() Xul		99,	//	/31/01	
Signature of Well Driller In Charge		License#	Date /	1	