.ON
.K RESOURCES
.AY
.WARE 19901
-739-3665
-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

QL32-09

PAGE _____ OF _____ PAGES

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

PERMIT# 166580 LOCAL ID#

PROPERTY OWNER MANSHIP PAYNE

WELL CONTRACTOR WSS LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP	0	3
YELLOW SAND MED TO COARSE	3	40
ORANGE SAND MED	40	62
YELLOW SAND MED	62	91
GRY SILT TO CLY TBT	91	107
GRY SAND MED	107	120

OTHER COMMENTS:

RECEIVED
JAN 12 2000
WATER SUPPLY

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

Signature of Well Driller In Charge _____ License# 830 Date 7/28/95

White - DNREC • Canary - Contractor • Pink - Owner

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