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

Qh32-11

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

PERMIT# 154242 | LOCAL ID#

PROPERTY OWNER JMB INC

WELL CONTRACTOR MARK J MILLS | LIC#

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	2
GRY SAND MED	2	60
YELLOW SAND MED TO COARSE	60	100
GRY SILT / CLAY	100	130
GRY SAND MED	130	160

OTHER COMMENTS:

RECEIVED
DEC 23 1999
WATER SUPPLY

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

Signature of Well Driller In Charge | License# 830 | Date 11-15-99

White - DNREC • *Canary - Contractor* • *Pink - Owner*

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