

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

Q254-10

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

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

PERMIT# <u>161892</u>	LOCAL ID#	
PROPERTY OWNER <u>Gerald McCabe</u>		
WELL CONTRACTOR <u>White</u>		LIC# <u>1</u>
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>topsoil</u>	<u>0</u>	<u>1</u>
<u>fine white sand</u>	<u>1</u>	<u>13</u>
<u>gray clay &amp; shell Q.</u>	<u>13</u>	<u>33</u>
<u>coarse tan sand</u>	<u>33</u>	<u>59</u>
<u>med tan sand</u>	<u>59</u>	<u>70</u>
<u>coarse tan sand</u>	<u>70</u>	<u>85</u>
<u>coarse tan sand &amp; gravel</u>	<u>85</u>	<u>112</u>
<u>very coarse tan sand</u>	<u>112</u>	<u>120</u>
OTHER COMMENTS: _____ _____ <p style="text-align: right;">JAN 29 1999</p>		
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT		
<u>Roy E White #</u>	<u>5</u>	<u>1/24/99</u>
Signature of Well Driller In Charge	License#	Date