

STATE OF DELAWARE  
 DEPARTMENT OF NATURAL RESOURCES  
 AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

Q:12-17

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

PERMIT#	166 892	LOCAL ID#	
PROPERTY OWNER	Public Water Supply Co		
WELL CONTRACTOR	White	LIC#	1
	DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
	top soil	0	1
	ilty tan sand Q <sub>sc</sub>	1	6
	med yellow sand	6	23
	Coarse yellow sand	23	51
	Coarse light yellow sand	51	96
	med white sand T <sub>bt</sub>	96	136
	Coarse white sand	136	160
	Coarse orange sand	160	170
OTHER COMMENTS:			
		RECEIVED SEP 22 1999 WATER SUPPLY	
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge		License#	Date
Ray E White II		5	9/9/99