.CTION
.ER RESOURCES
.WAY
.AWARE 19901
.2-739-3665
.-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

Q:12-18

PAGE _____ OF _____ PAGES

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

PERMIT# 166976 | LOCAL ID#

PROPERTY OWNER BOB WELLS

WELL CONTRACTOR MARK J MILLS | LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	2
WHITE SAND	0	55
YELLOW SAND	55	82
GRAY CLAY	82	102
GRAY SAND MED	102	120

OTHER COMMENTS:

RECEIVED
NOV 8 1999
WATER SUPPLY

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

Signature of Well Driller In Charge | License# 830 | Date 10/22/99

White - DNREC • Canary - Contractor • Pink - Owner

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