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

Q; 21-22

PAGE _____ OF _____ PAGES

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

PERMIT# 157783 LOCAL ID#

PROPERTY OWNER James Martin

WELL CONTRACTOR Weber LIC# 319

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top soil	0	2
sand fine tan	2	22
dry - brown	22	33
sand fine white	33	60
sand fine red white	60	90
dry brown	90	97
sand fine white	97	120
sand red fine white	120	130
sand fine white	130	150

OTHER COMMENTS:

RECEIVED
MAY 29 1998
WATER SUPPLY

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

Signature of Well Driller In Charge: [signature] License#: 319 Date: 4/27/98

White - DNREC • Canary - Contractor • Pink - Owner

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