

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:31-15

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

PERMIT# 186756	LOCAL ID#	
PROPERTY OWNER Country Life Homes		
WELL CONTRACTOR MORM'S	LIC# 1004	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Soil	0	2
Brown + white sand Qo	2	20
gray clay	20	60
gray clay + gray sand	60	180
gray coarse sand	180	205
Alt: 8		
(57)		

OTHER COMMENTS:

RECEIVED  
 OCT 11 2002  
 WATER SUPPLY

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

Signature of Well Driller In Charge \_\_\_\_\_ License# 1004 Date 8-20-02