

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

Rc15-09

PAGE _____ OF _____ PAGES

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

| PERMIT# 158914 | LOCAL ID# | |
|-------------------------------|---------------|------------------|
| PROPERTY OWNER Audrey M. Wolf | | |
| WELL CONTRACTOR Paul Wooten | | LIC# 257 |
| DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA |
| SAND | 0 | 10 |
| CLAY | 10 | 20 |
| SAND | 20 | 30 |
| " | 30 | 40 |
| " | 40 | 50 |
| " | 50 | 60 |
| " | 60 | 70 |
| " | 70 | 80 |
| " | 80 | 90 |
| " | 90 | 100 |
| " | 100 | 110 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

OTHER COMMENTS: _____
_____ AUG 27 1998 _____
_____ WATER SUPPLY _____

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
Paul Wooten Signature of Well Driller In Charge License# 257 Date 6/25/99 3