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

Rd	32-	03
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PAGE _____ OF ____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL	BE RETURNED			
PERMIT# 158614	LOCAL ID#			
PROPERTY OWNER THOMAS MCDaniel				
WELL CONTRACTOR FORK'S				
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA	
Top Soil		0	5	
gray Clay			15	
chite coxse sand		15	50	
White course sand		50	65	
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		5-2444		
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OTHER COMMENTS:				
	9 99 1 5 (TO(
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT				
Z 1007 6-25-98				
Signature of Well Driller In Charge	License#	Date		