

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
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

Del4-04

PAGE _____ OF _____ PAGES

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

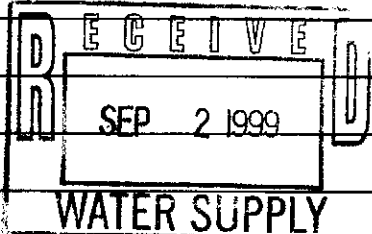
PERMIT# <i>154613-W</i>	LOCAL ID#
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PROPERTY OWNER <i>Al Strickroth</i>

WELL CONTRACTOR <i>Tom Morris</i>	LIC# <i>1004</i>
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DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Yellow Fine Sand</i>	<i>0</i>	<i>70</i>
<i>Yellow + White Clay</i>	<i>10</i>	<i>20</i>
<i>White med Sand</i>	<i>20</i>	<i>40</i>
<i>Coarse Tan Sand</i>	<i>40</i>	<i>52</i>

OTHER COMMENTS:



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

Tom Morris _____ *1004* _____ *10-30-97*
 Signature of Well Driller In Charge License# Date