

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

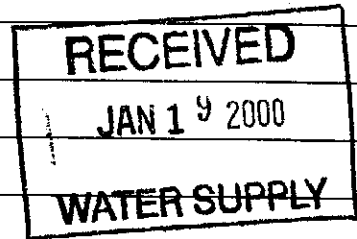
R11-03

PAGE _____ OF _____ PAGES

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

PERMIT# 16431	LOCAL ID#	
PROPERTY OWNER CHARLES ZONICO		
WELL CONTRACTOR WSS	LIC# 830	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOT SOL	0	2
GRY SAND MED	2	20
GRY CLAY	20	33
CLY SICT	38	65
GRY SAND FINE TO MED	65	100
Alt. 26'		
	35	

OTHER COMMENTS:



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

Signature of Well Driller In Charge

License# 830

Date 11/2/98