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

Bill-05

PAGE _____ OF _____ PAGES

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

PERMIT# 161432 | LOCAL ID#

PROPERTY OWNER CHARLES ZONICO

WELL CONTRACTOR WSS | LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	2
GRY SAND	2	20
GRY SILT	20	41
GRY CLY	41	63
GRY SILT	63	70
GRY SAND FINE TO MED	70	100

Alt. 28

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

White - DNREC • *Canary - Contractor* • *Pink - Owner*

Doc. No. 40-08-82-12-11