'AIL 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

FORMATION LOG

Bill-01

WELL COMPLETION REPORT MUST BE RETURNED WITHIN 30 DAYS OF CONSTRUCTION DATE

PAGE _____ OF _____ PAGES

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

PERMIT# 161427 | LOCAL ID#

PROPERTY OWNER ~~S-39~~ CHARLES ZOTKO

WELL CONTRACTOR WSS | LIC# 830

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	2
GRAY SAND MED	2	20
" SILT	20	40
" CLY	40	60
" SILT TO FINE SAND	60	70
" SAND MED	70	100

Alt. 27

OTHER COMMENTS:

RECEIVED
JAN 19 2000
WATER SUPPLY

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