

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

R15-05

PAGE _____ OF _____ PAGES

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

PERMIT# 153056-w	LOCAL ID#
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PROPERTY OWNER 5-33-15-1

WELL CONTRACTOR Aulus	LIC# 608
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DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Soil	0	1
med fine sand	1	20
Blue/gray clay	20	43
med gray sand	43	65
fine/med fine sand	65	75
med/coarse fine sand	75	120
gray clay	120	135

DEPARTMENT OF
NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
OCT 14 1998

OTHER COMMENTS:

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

Signature of Well Driller in Charge: [Signature] License#: 608 Date: 9/16/98

White - DNREC • Canary - Contractor • Pink - Owner

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