

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

R:22-14

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

PERMIT# 182228	LOCAL ID#
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PROPERTY OWNER *Howard Johnson*

WELL CONTRACTOR <i>Moan's</i>	LIC# <i>1004</i>
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DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Top soil</i>	<i>0</i>	<i>2</i>
<i>yellow med sand Q_a?</i>	<i>2</i>	<i>18</i>
<i>course Tan sand</i>	<i>18</i>	<i>35</i>
<i>gray course sand</i>	<i>35</i>	<i>45</i>
<i>gray clay Q_o</i>	<i>45</i>	<i>60</i>
<i>gray course sand T_{sd}</i>	<i>60</i>	<i>90</i>
<i>Alt: 11</i>		

OTHER COMMENTS: _____

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

<i>[Signature]</i>	<i>1004</i>	<i>1-31-02</i>
Signature of Well Driller In Charge	License#	Date