

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

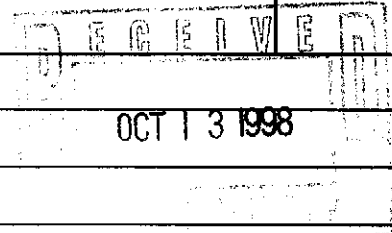
WELL COMPLETION REPORT MUST
BE RETURNED WITHIN 30 DAYS OF
CONSTRUCTION DATE

FORMATION LOG

R:33-18

PAGE _____ OF _____ PAGES

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

PERMIT# 152607		LOCAL ID#	
PROPERTY OWNER John Peifer			
WELL CONTRACTOR Tom Morris		LIC# 1004	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
yellow sand & clay mix	0	20	
white med sand	20	40	
course white sand	40	80	
Tan med sand	80	105	
TAN course gravel	105	118	
Alt: 11			
OTHER COMMENTS:			
			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge <u>Tom Morris</u>		License# <u>1004</u>	Date <u>8-12-97</u>

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