## 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**

R:33-19

PAGE \_\_\_\_\_ OF \_\_\_\_ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL B	BE RETURNED		
PERMIT# 1648 66	LOCAL ID#	5-33-19	~264
PROPERTY OWNER Edna & ELLIOTT SMIT B			
WELL CONTRACTOR UWB		LIC# /05-/	
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
70/ 50ic		0	/
FIRE Sd			4
Grey CLA		4?	12
Med Grey	Sid Ibd	12	88
Course To med G	re45d		128
SILTY Crey CL	44	128	152
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OTHER COMMENTS:			
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MAY I 8 1999			
MARKED CALEGOLIA			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Jum 203 5-2-99			
Signature of Well Driller In Charge	License# Date		