STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

OURCES .~AY LAWARE 19901عر NE: 302-739-3665 FAX: 302-739-2296

FORMATION LOG

Pd 52-07

PAGE _____ OF ____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED			
PERMIT# 163283 - W	LOCAL ID#		
PROPERTY OWNER Dennis Shockley			
WELL CONTRACTOR Ben Wood	LIC# 10	LIC# 10/	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
Clay Sand & Clay Fine - Med Sand Med - Coarse Sand	0	5	
Sand + Clay	5	15	
Fine - Med Sand	15	42	
Med - Coarse Sand	42	56	
	·		
OTTED COLOURATE.			
OTHER COMMENTS:			
MAR 3 0 1999			
WATER SUPPLY			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge	License# Da	te/ - #///	