STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

__Y SECTION . ∪F WATER RESOURCES ____GS HIGHWAY __OVER, DELAWARE 19901 PHONE: 302-739-3665 FAX: 302-739-2296

FORMATION LOG

	Rd14-07	PAGE	OF 3 PAGES
PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORM	IS WILL BE RETURNED		
PERMIT# 166372 WF	LOCAL ID#	532-7-1	12
PROPERTY OWNER GREGORY R	MICHEL		
WELL CONTRACTOR PENCLISH	•	LIC# Z	82
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
Topso1.		0	1
SAND CLAY WHITE SAND			4
WHITE SAND		6	45
THN SAND GRA	FUEL	45	65
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		JUL 14	1999
OTHER COMMENTS: WATER SUPPLY			
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I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge		2 7	9/99
organizate of Arch Publicuit Charact	I iaaaaa	- ·	

Canary - Contractor

Pink - Owner

Doc. No. 40-08-82-12-11

White - DNREC