

MAIL TO:

WATER SUPPLY SECTION
 DIVISION OF WATER RESOURCES
 P.O. BOX 1401, 89 KINGS HIGHWAY
 DOVER, DELAWARE 19903
 PHONE: 302-739-3663
 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

Rh71-01

SEL

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

PERMIT#	157301	LOCAL ID#	IW1
PROPERTY OWNER	Emory McCabe		
WELL CONTRACTOR	ACSD	LIC#	14
DESCRIPTION			
	Topsoils	0	1
	Gray w/ some sand	1	20
	Gray Clay w/ streaks of Gray Sand	20	42
	Med-Coarse Gray Sand	42	76
	Gray Clay	76	78
	Very Coarse Sand w/ Gravel	78	135
OTHER COMMENTS:			
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 9 1998 WATER SUPPLY </div>			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge <i>John C. Kelly</i>			License# #895
White - DNREC • Canary - Contractor • Pink - Owner			Date 5/22/98