

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

R11-11

PAGE _____ OF _____ PAGES

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

PERMIT# <i>179327</i>	LOCAL ID#	
PROPERTY OWNER <i>Missie Schotten</i>		
WELL CONTRACTOR <i>Weber</i>	LIC# <i>319</i>	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Top Soil</i>	<i>0</i>	<i>10</i>
<i>clay</i>	<i>10</i>	<i>20</i>
<i>clay</i>	<i>20</i>	<i>30</i>
<i>Shells + clay</i>	<i>30</i>	<i>40</i>
<i>shells & clay</i>	<i>40</i>	<i>50</i>
<i>Shells & clay</i>	<i>50</i>	<i>60</i>
<i>shells & whl sand</i>	<i>60</i>	<i>70</i>
<i>med whl sand</i>	<i>70</i>	<i>80</i>
<i>Alt. 18</i>		
<i>70 18 52</i>		
OTHER COMMENTS: _____		
		RECEIVED JUL 10 2001 WATER SUPPLY
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT		
<i>[Signature]</i>	<i>4/29</i>	<i>6/20/01</i>
Signature of Well Driller In Charge	License#	Date