✓ IION ✓ ER RESOURCES WAY

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

.WAY
.AWARE 19901
.2-739-3665
.1-739-2296

FORMATION LOG

Qc 13-13

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL B	E RETURNED		<u> </u>
PERMIT# 166397	LOCAL ID#		
PROPERTY OWNER Leslie M. Shaver			
	72011 700		
WELL CONTRACTOR Atlantic Well Drilling DESCRIPTION		LIC# 789	BOTTOM OF STRATA
Top soil		0	1
Tan sand		1	5
Med orange sand		5	20
Orange sand with clay		20	30
Med to course tan sand		30	62
	·		
·	:		
		RECEIV	ED
		4 JUL 2 6 19	
		,	
		WATER SUI	PLY
OTHER COMMENTS:			
<i>2</i>			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS AC	CURATE AND CO	ORRECT	1 1
Edward on Kellong	134		/23/99
Signature of Well Driller In Charge	License#	Date	