

MAIL TO:

WATER SUPPLY SECTION
 DIVISION OF WATER RESOURCES
 P.O. BOX 1401, 89 KINGS HIGHWAY
 DOVER, DELAWARE 19903
 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

RL15-12

PAGE _____ OF _____ PAGES

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

PERMIT#	165058	LOCAL ID#	533-10.00.0018.01
PROPERTY OWNER	Michael Showell		
WELL CONTRACTOR	UWP	LIC#	1051
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
TOP SOIL	0	1	
FINE SD	1	7	
GREY CLAY w/shell	7	38	
MED GREY SD	38	45	
GREY CLAY	45	78	
GREY MED SD	78	102	
RL-12			
OTHER COMMENTS:			
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 01 2000 WATER METER </div>			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller In Charge: <i>Canary Pink</i> License# 703 Date 5-8-99			