## MAIL TO:

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES 89 KINGS HIGHWAY DOVER, DELAWARE 19901 PHONE: 302-739-3665

## STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

## FORMATION LOG

FAX: 302-739-2296 ()(45-23)PAGE \_\_\_\_\_ OF \_\_\_\_ PAGES PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED LOCAL ID# PERMIT# 180207 Andrew Schmidt PROPERTY OWNER LIC# 789 WELL CONTRACTOR Atlantic Well Drilling **BOTTOM OF** TOP OF STRATA DESCRIPTION STRATA 1 0 Top soil 10 1 Medium brown sand 14 10 White clay 14 31 Medium to course tan sand 50 31 Course brown sand OTHER COMMENTS:\_ I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

Signature of Well Driller In Charge

License#

Date