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

Og 15-10

PAGE _____ OF _____ PAGES

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

PERMIT# 182150 | LOCAL ID#

PROPERTY OWNER Cindy Shufielt

WELL CONTRACTOR Moran's | LIC# 1004

| DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA |
|---|---|---|
| | | |
| Top soil | 0 | 2 |
| white med sand tan tte clay | 2 | 30 |
| White course sand | 30 | 70 |
| White med sand | 70 | 90 |
| whitcish gray course sand | 90 | 115 |
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OTHER COMMENTS:

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

Signature of Well Driller In Charge | License# 1004 | Date 12-3-01

*White - DNREC • Canary - Contractor • Pink - Owner*

Doc. No. 40-08-82-12-11