MAIL TO: WATER SUPPLY BRANCH DIVISION OF WATER RESOURCES P.O. BOX 1401 DOVER, DELAWARE 19903

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE RETURNED 30 DAYS AFTER CONSTRUCTION DATE

MONITOR WELL COMPLETION REPORT

PERMIT NO. 78233 LOCAL ID 24S Owner	PLEASE PRINT OR TYPE			
APPLICATION FORM? YES [] NO [X] Telephone Number Consulting Firm/Supervising Geologist (If applicable) Telephone Number Well Contractor Date of Completion Surveyed Top of Casing Elevations Inner Casing top Casing top Casing top Casing diameter Casing diameter Casing material SCREEN SEQUENCE Inner casing Screen top Screen top Screen diameter Screen material Type of Grout Type of Grout Application Form? Yes [] No [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? YES [] NO [X] IF NO, DESCRIBE LOCATION CHANGE OR OTHER COMMENT ASSOCIATION FORM? ASSOCIATION FORM. ASSOCIATION FORM? ASSOCIATION FORM? ASSOCIATION FORM? ASSO	PERMIT NO / 78233 LOCAL ID 245	IS COMPLETED WELL LOCATED AS SHOWN ON		
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