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

Qh34-11

PAGE _____ OF _____ PAGES

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

PERMIT# 188889 LOCAL ID#

PROPERTY OWNER Anderson

WELL CONTRACTOR [illegible] LIC#

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Top Soil	0	10
clay Soil & silt	10	50
coarse white	50	60

OTHER COMMENTS:

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

Signature of Well Driller In Charge | License# 4129 | Date 9/4/02

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

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