MAIL TO:

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STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

Q113-406

PAGES PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED PERMIT# LOCAL ID# DalDOT PROPERTY OWNER DGS-Bounds LIC# 999 WELL CONTRACTOR TOP OF STRATA BOTTOM OF STRATA BROWN TOPSOIL & FILL 1:0 TON F-C SAND 1,0 F-C SAND W/ TR. CLAY TXN 8.0 W/ TR. GRAVEL 14.0 F-C SAMP 8.0 OTHER COMMENTS:_ I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller In Charge License#