

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

MS-29

PAGE _____ OF _____ PAGES

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

PERMIT#	LOCAL ID#	TOP OF STRATA	BOTTOM OF STRATA
201113-W	10-A		
PROPERTY OWNER	Long Rock Water Company		
WELL CONTRACTOR	LIC#	999	
	DESCRIPTION		
	0		.5
	.5		4
	4		9
	9		14
	14		20
	20		25
	25		35
	35		54
	54		80'

OTHER COMMENTS:

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

[Signature] License# 686 Date 6-9-04

Signature of Well Driller In Charge

License#

Date