

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

*Qd55-12*

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

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

PERMIT# <i>165203</i>	LOCAL ID#
-----------------------	-----------

PROPERTY OWNER <i>DNREC PARKS &amp; Recreation</i>
--

WELL CONTRACTOR <i>Ben Wood</i>	LIC# <i>778</i>
---------------------------------	-----------------

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Sandy Clay</i>	<i>0</i>	<i>15</i>
<i>Med. to coarse Sand</i>	<i>15</i>	<i>90</i>

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Ben Wood*      **RECEIVED**      *278*      *10/23/99*

Signature of Well Driller In Charge      License#      Date

*White - DNREC*      *Garary - Contractor*      *Pink - Owner*

**WATER SUPPLY**      Doc. No. 40-08-82-12-11