## 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

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

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL I	BE RETURNED		
PERMIT# / 89/82	LOCAL ID#		
PROPERTY OWNER			
WELL CONTRACTOR			
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
Tops	Soil	<i>O</i>	10
Cloyst	Sems	10	30
Tops Cloyst men w Ten+ w	hite	30	60
Tentu	where	60	70
OTHER COMMENTS:			
RECEIVED			
10CT 2 3 2002			
WATER SUPPLY			
I HEREBY AFTIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Signature of Well Driller In Charge  License#  Date			