MAIL TO:

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES 89 KINGS HIGHWAY DOVER, DELAWARE 19901 PHONE: 302-739-9944 FAX:302-739-7764

FORMATION LOG

PAGE____OF___PAGES

PLEASE PRINT OR TYPE – ILLEGIBLE OR INCOMPLETE FORMS WIL	L BE RETURNED)	
PERMIT #: 232 496	LOCAL ID#:	Qh 53	-08
PROPERTY OWNER: OT Bussel			
WELL CONTRACTOR: QG 5		wc lic #: 999	
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
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1 Homan			
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ony vare Silt lama OHm			
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SAND, m-cw/somevc-gran	borry		
Set, It am	_		
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SAND M-C U seme VC-gran	mod	44	54
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3, 00			
COMMENTS:			
I HEREBY AFEIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
THEREBY AFEITH THE INFORMATION THAT SUBMITT		686	8/16/10
Signature of Well Driller in Charge of Construction	V	VD License #	Date