## STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

## JPPLY SECTION ON OF WATER RESOURCES **JNGS HIGHWAY** OVER, DELAWARE 19901 PHONE: 302-739-3665 FAX: 302-739-2296

## **FORMATION LOG**

Pc34-17

	PC 3 ( V)	PAGE _	OF PAGES
PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS	WILL BE RETURNED		
PERMIT# 18 10 5 4	LOCAL ID#		
PROPERTY OWNER DOMALL & FILEEN C	MAFT		
WELL CONTRACTOR		LIC#	
DESCRIPTION		TOP OF STRAT	A BOTTOM OF STRATA
TOP 3011		0	1
Fine TAM Sd		1	27
MED TO COURS	۹	27	65
HALL 144CF		25	66
PEBGHAUEL		26	7-2
Med TO Course	TAKSO	72	127
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OTHER COMMENTS:			
			RECEIVED
ji			(JAN 09 2002
WATER SUPPLY			
1 HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED	IS ACCURATE AND CO	RRECT	
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hature of Well Drifler In Charge License#			ate