AIL TO:

FAX: 302-739-2296

WATER SUPPLY SECTION **DIVISION OF WATER RESOURCES 89 KINGS HIGHWAY** DOVER, DELAWARE 19901 PHONE: 302-739-3665

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 BE RETURNED			
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I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
Pand Worther	25-7		12/10/99
Signature of Well Driller In Charge L	icense#	Date	