

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

0025-11

PAGE _____ OF _____ PAGES

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

PERMIT# 181580 W LOCAL ID# _____

PROPERTY OWNER D.N. Properties

WELL CONTRACTOR WORTEN LIC# 257

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<u>SAND</u>	<u>0</u>	<u>50</u>

OTHER COMMENTS: _____

RECEIVED
OCT 17 2001
WATER SUPPLY

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

Paul Martin Signature of Well Driller In Charge License# 257 Date 10/16/01