STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

	\bigcirc ; 31-23	, PAGE_	OF PAGES
OR TYPE - ILLEGIBLE OR INCOMPLETE FO	ORMS WILL BE RETURNED		
167277	LOCAL ID#		
OPERTY OWNER 40120K			
		LIC#	319
ELL CONTRACTOR DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
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THER COMMISSION		e e e e e e e e e e e e e e e e e e e	
		4 8 8 P	WATER SUPPLY
HEREBY AFFIRM THE INFORMATION I HAVE SUB	MITTED IS ACCURATE AND	CORRECT	
HEREBY AFFIRM THE INFORMATION THAT BOD	909		6-28-00
Signature of Well Driller In Charge White - DNREC	License# • Canary - Contractor •	Pink - Owner	Date Doc. No. 40-08-82-