MAIL TO:

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES P.O. BOX 1401, 89 KINGS HIGHWAY DOVER, DELAWARE 19903 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

FAX: 302-739-2296			
	Re12-08	PAGE	OFPAGES
PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS	S WILL BE RETURNED	·	
PERMIT# 159735	LOCAL ID#		
PROPERTY OWNER DAVIE SANREFFLER			
WELL CONTRACTOR PRU WOOTEN		LIC# 25	7
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
Savo		0	10
Cray		10	ನಂ
Saun		<u> </u>	30
15		30	40
*		40	45
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OTHER COMMENTS:	[D];	E C E I V E	
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A	South Penal a		
		WATER SUPPLY	
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HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED		ORRECT	
Signature of Well Driller In Charge	<u> </u>	Date!	5 194