MAIL TO:

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES P.O. BOX 1401, 89 KINGS HIGHWAY DOVER, DELAWARE 19903 PHONE: 302-739-3665 FAX: 302-739-2296

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

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

FORMATION LOG

0-11-0p

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

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PERMIT# LOCAL ID# PROPERTY OWNER CHARLES ZONICO wss 830 WELL CONTRACTOR LIC# DESCRIPTION TOP OF STRATA **BOTTOM OF** STRATA SOIL 0 2 Samo MED 2 ಶು SILT 4 **6**0 11 SILT 5A~0 60 D li 700 100 MER OTHER COMMENTS:_ RECEIVED JAN 1 9 2000 WATER SUPPLY I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller In Charge License# Date