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STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

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FORMATION LOG

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED 169279 PERMIT# LOCAL ID# Torcsa PROPERTY OWNER WhiTE WELL CONTRACTOR LIC# DESCRIPTION **TOP OF STRATA BOTTOM OF STRATA** RECEIVED FEB 0 4 2000 WATER SUPPLY OTHER COMMENTS: I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller In Charge License#