SECTION DE

/ATER RESOURCES

HWAY

AWARE 19901

-739-3665

39-2296

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

Doc. No. 40-08-82-12-11

FORMATION LOG

PAGE _____ OF ____ PAGES 4 PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED 80761.64 LOCAL ID# -35-10-16,04 LIC# 1004 Ti Mocris WELL CONTRACTOR DESCRIPTION TOP OF STRATA **BOTTOM OF STRATA** OTHER COMMENTS: ע וממי ים I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller In Charge

Canary - Contractor

Pink - Owner

White - DNREC