MAIL TO:

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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

FORMATION LOG

Pf13-11

PAGE _____ OF ____ PAGES PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED PERMIT# 184428-W LOCAL ID# MARGARET LINGO PROPERTY OWNER - -WELL CONTRACTOR WOOTTEN LIC# DESCRIPTION **TOP OF STRATA BOTTOM OF** STRATA 0 RECEIVED TAPR 0 1 2002 WATER SUPPLY OTHER COMMENTS:_ I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller in Charge License# Date