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STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

FORMATION LOG

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

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PAGE _____ OF ____ PAGES PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED 183272 PERMIT# LOCAL ID# reed was PROPERTY OWNER 1004 WELL CONTRACTOR LIC# DESCRIPTION TOP OF STRATA **BOTTOM OF STRATA** OTHER COMMENTS:_ I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT mous Signature of Well Driller In Charge License# Date