∕N ∡ESOURCES

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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| ∠ PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WI | LL BE RETURNED | } | OF PAGE | |
| RMIT# 164206 | LOCAL ID# | | | |
| PROPERTY OWNER JOHN MERSON | 2001.00.10.11 | | | |
| WELL CONTRACTOR WSS | | 1.01 03 | LIC# 830 | |
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| HERERY AFFIRM THE INCORNATION LIVER TO | | WATER | SUPPLY | |
| HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS AC | | 1 | 1 | |
| signature of Well Driller In Charge | D30 License# | 3/2 | 6199 | |
| W. W. D. D. D. C. | DIOCIOCA | Date | ľ | |

Canary - Contractor

Pink - Owner

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

White - DNREC