STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES

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

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L PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED LOCAL ID# 4-33-5-23,02 PERMIT# WELL CONTRACTOR TOP OF STRATA **BOTTOM OF STRATA** OTHER COMMENTS:_ RECEIVED NOV 1 8 2002 WATER SUPPLY

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

Signature of Well Driller In Charge

License#