MAIL TO:

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES P.O. BOX 1401, 89 KINGS HIGHWAY DOVER, DELAWARE 19903 PHONE: 302-739-3665 FAX: 302-739-2296

STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

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PAGE _____ OF ____ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED				
PERMIT# 158897 LOCAL ID#				
PROPERTY OWNER JOSELY PROJECTS				
WELL CONTRACTOR WSS	>_		LIC# 83%	
DESCRIPTION	тор о	F STRATA	BOTTOM OF STRATA	
701 Socc		>	2	
GRM SILT CLAY.		.	12	
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u u Mes		37	160	
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OTHER COMMENTS:				
RECEIVED				
JAN 1 ⁹ 2000				
I HEREBY AND THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT				
W D	B32 <u>6-28-98</u>			
Signature of Well Driller In Charge License# White - DNREC • Canary - Contractor	• Pink - Own	Date er	Doc. No. 40-08-82-12-11	