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

PAGE _____ OF ____ PAGES

FORMATION LOG

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED		
PERMIT# 173247-W LOCAL ID#		
PROPERTY OWNER BERNARD + CAROII KEILEY		
WELL CONTRACTOR (UEBER WEIL DRIVING DESCRIPTION	LIC# 404/	
DESCRIPTION	TOP OF STRATA	
10P		3
Gry 5 Le	<u></u>	70
Sny Clay	70	90
Sry Skel/S/t	90	150
Fry 5the	750	270
	RECEIV	EG
	AUG 1 0 2	000
	WATER SU	PPIV
	Q152-84	
	(J) J D (
•		
OTHER COMMENTS:		
1 HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT		
Signature of Well Driller In Charge License#	1	7-71-00
White - DNREC • Canary - Contractor •	Da Pink - Owner	Doc. No. 40-08-82-12-11