MAIL TO:

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WATER SUPPLY SECTION DIVISION OF WATER RESOURCES 89 KINGS HIGHWAY L OVEP, DELAWARE 19901 PHONE: 302-739-3665

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# LOCAL ID# MCGUNESS PROPERTY OWNER LIC# 830 WSS WELL CONTRACTOR DESCRIPTION TOP OF STRATA **BOTTOM OF** STRATA ١ 0 16 16 MOS TO COURSE 136 22Ò 400 OTHER COMMENTS: RECEIVED JAN 1 2 2000 WATER SUPPLY . HEREBY AFFIRM T HE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well I Hill License# Date White - DNREC Canary - Contractor Pink - Owner Doc. No. 40-08-82-12-11