## STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES

JUPPLY SECTION

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JON OF WATER RESOURCES

AND ENVIRONMENTAL CONTROL

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

## FORMATION LOG

PAGE \_\_\_\_\_ OF \_\_\_\_ PAGES PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED 162718- W PERMIT# LOCAL ID# LIC# /0/ WELL CONTRACTOR TOP OF STRATA BOTTOM OF **STRATA** 0 20 90 20 OTHER COMMENTS:\_ I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT Signature of Well Driller In Charge License# Date