

SECTION  
 WATER RESOURCES  
 HIGHWAY  
 COVER, DELAWARE 19901  
 PHONE: 302-739-3665  
 FAX: 302-739-2296

STATE OF DELAWARE  
 DEPARTMENT OF NATURAL RESOURCES  
 AND ENVIRONMENTAL CONTROL

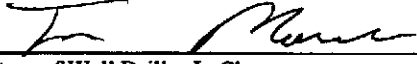
WELL COMPLETION REPORT MUST  
 BE RETURNED WITHIN 30 DAYS OF  
 CONSTRUCTION DATE

FORMATION LOG

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PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT# 172640		LOCAL ID#	
PROPERTY OWNER Robert Shields			
WELL CONTRACTOR MORRIS		LIC# 1004	
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA	
Top Soil	0	2	
Yellow fine sand	2	12	
gray clay	12	18	
white med sand	18	25	
TAN coarse sand	25	50	
OTHER COMMENTS:			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           RECEIVED            DEC 28 2001            WATER SUPPLY         </div>			
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
 Signature of Well Driller In Charge		1004 License#	8-1-00 Date