STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

ÆSOURCES WARE 19901 739-3665 *∱*9-2296

FORMATION LOG

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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL	BE RETURNED		PAGES
PERMIT# 58342	LOCAL ID# 74	112,62	
PROPERTY OWNER Dual Exchange Land Co.			
WELL CONTRACTOR T MOON'S		LIC# 1002/	
DESCRIPTION		TOP OF STRATA	BOTTOM OF STRATA
TopSoil		0	3
Med Yellow Sand Med DKTan Sand		3	20
Med DKTan Sand		20	40
Med TAN SOND+CLAY COURSE TAN SAND		40	<i>5</i> 5
Course TAN SAND		<i>5</i> 5	70
OTHER COMMENTS:_) E C E I V	
		X	
		SEP 2 1999	9 19
		WATER SUP	PIY +
		17711 -11 001	
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT			
ton nuis 1004 /1/1/98			
Signature of Well Driller In Charge License# Date			