TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, 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

044-07

PAGE _____ OF _____ PAGES

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

PERMIT# 168990-W

LOCAL ID#

PROPERTY OWNER Dave Wood

WELL CONTRACTOR Morris

LIC# 1004

| DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA |
|---|---|---|
| Top Sand | 0 | 2 |
| White Med Sand & Clay | 2 | 20 |
| Gray Med Sand | 20 | 36 |
| White Medium Sand | 36 | 54 |
| Tan Course Sand | 54 | 70 |

OTHER COMMENTS:

DEC 28 2001
WATER SUPPLY

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

T Morris — Signature of Well Driller In Charge

1004 — License#

11/19/99 — Date

*White - DNREC* • *Canary - Contractor* • *Pink - Owner*

Doc. No. 40-08-82-12-11