

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

RF45-11

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

PERMIT# 183994 LOCAL ID# TW1
 PROPERTY OWNER Matt Kirk
 WELL CONTRACTOR ACSD

DESCRIPTION	LIC#	TOP OF STRATA	BOTTOM OF STRATA
Topsoil			
Orange Fine-Med Sand		0	1
Tan Fine-Med Sand w/Clay		1	8
Tan Fine-Med Sand w/Clay		8	18
Tan Fine-Coarse Sand w/Stones		18	35
Orange & Tan Fine-Coarse Sand w/Stone		35	56
Tan Fine-Coarse Sand w/Stones		56	75
Gray Clay w/Gray Fine-Med Sand		75	105
		105	110

OTHER COMMENTS:

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

Signature of Well Driller In Charge Mitchell O. Smith License# 645 Date 3/6/02

White - DNREC • Canary - Contractor • Pink - Owner