

MAIL 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

PI 31-18

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

PERMIT# <i>201470</i>	LOCAL ID# <i>6-D</i>
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PROPERTY OWNER <i>Long Neck Water Company</i>

WELL CONTRACTOR <i>DGS</i>	LIC# <i>999</i>
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DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Topsoil</i>	<i>0</i>	<i>.5</i>
<i>Orange clayey fine sand to fine silty clay</i>	<i>.5</i>	<i>4</i>
<i>Orange-tan fine sand, some coarse + pebbles</i>	<i>4</i>	<i>8</i>
<i>Same w/ some white-orange silty clay</i>	<i>8</i>	
<i>Concess.</i>		<i>9</i>
<i>Tan-white medium to fine sand, some gravel</i>	<i>9</i>	<i>14</i>
<i>White-tan medium to fine sand w/ some</i>	<i>14</i>	
<i>coarse sand and gravel</i>	<i>14</i>	<i>19</i>
<i>Tan medium-coarse sand, some clay</i>	<i>19</i>	<i>44</i>
<i>Tan fine-medium sand, some coarse sand</i>	<i>44</i>	<i>62</i>

OTHER COMMENTS: _____

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

<i>[Signature]</i>	<i>686</i>	<i>6-16-04</i>
Signature of Well Driller In Charge	License#	Date