. SUPPLY SECTION
.ION OF WATER RESOURCES
.. BOX 1401, 89 KINGS HIGHWAY
.OVER, DELAWARE 19903
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

Qe24-02

PAGE _____ OF _____ PAGES

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

PERMIT# 162611 LOCAL ID# 623421.68

PROPERTY OWNER Liloutre Singh

WELL CONTRACTOR T. Morris LIC# 1604

DESCRIPTION	TOP OF STRATA Ft	BOTTOM OF STRATA Ft
Top Soil	0	3
Fine Orange Sand + Clay	3	20
Med Tan Sand + Clay	20	40
Med Tan Sand	40	70

OTHER COMMENTS:

RECEIVED
SEP 2 1999
WATER SUPPLY

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

Tim Morris — Signature of Well Driller In Charge

1604 — License#

12/30/99 — Date

White - DNREC • Canary - Contractor • Pink - Owner

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