AIL TO:

WATER SUPPLY SECTION DIVISION OF WATER RESOURCES 89 KINGS HIGHWAY DOVER, DELAWARE 19901

DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL PHONE: 302-739-3665 FAX: 302-739-2296

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

FORMATION LQG

STATE OF DELAWARE

PAGE ____ __OF _____ PAGES

| PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL | BE RETURNED | | | |
|--|-----------------------|--------------|--------|------------------------|
| PERMIT# 183491 | LOCAL ID# | | | |
| PROPERTY OWNER Service Energy WELL CONTRACTOR WAR LIC# 3/9 DESCRIPTION TOP OF STRATA BOTTOM OF | | | | |
| WELL CONTRACTOR LICE | | | # 319 | |
| DESCRIPTION | | TOP OF STR | | BOTTOM OF STRATA |
| Mes Grey Son | | 0 | | 10 |
| Mes Grey Son | ns | 10 | | 20 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OTHER COMMENTS: | | | | |
| RECEIVED (MAR 0 4 2002 WATER SUPPLY | | | | |
| —————————————————————————————————————— | | | | |
| MAK O CUPPLY | | | | |
| WATER SOL | | | | |
| I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT | | | | |
| 4129 2/26/0) | | | | |
| Signature of Well Driller In Charge White - DNREC • Canary - | License# Contractor • | Pink - Owner | Date ' | xc. No. 40-08-82-12-11 |