STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

Q:21-38

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JR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED			
184991 LOCAL ID#			<u> </u>
OPERTYOWNER Bridge Branch Inc			
WELL CONTRACTOR ACSD	TOP OF STRATA BOTTOM OF		
DESCRIPTION	TOP OF STRO	ATA	STRATA
Topsoil			
Med Tan Sand	\		18
Med-Coarse White: Tan Sandw/ Gravel	ls	3	15
Med Orange Sand	7:	<u> </u>	108
Gran Silty Glay	10	8	119
Med tan + Gray Sord w Some Gravel	11	a	[62]
med lan = ormy constant			
			<u> </u>
OTHER COMMENTS:RECEIVED			CEIVED
1 APR 2 9 2002			
		WAI	ER SUPPLY
I HEREBY AFFIRM THE INFORMATION MAVE SUBMITTED IS ACCURATE AND	CORRECT	/	Ibulia
7911 Tate			107100
Signature of Well Driller In Charge White - DNREC • Canary - Contractor •	Pink - Owner		Doc. No. 40-08-82-1