AAIL 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

Rc 21-06

PAGE _____ OF ____ PAGES

| PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WIL | L BE RETURNED | | |
|--|------------------------|---------------|--|
| PERMIT# 164012-W | LOCAL ID# | | |
| PROPERTY OWNER Reilly 5. William | son III | | |
| PERMIT# 164012-W LOCALID# PROPERTY OWNER Reilly 5. Williamson III WELL CONTRACTOR Ben Wood PESCENTION | | LIC# 778 | |
| DESCRIPTION | | TOP OF STRATA | BOTTOM OF STRATA |
| Gray Sand Coarse Tan Sand | | 0 | 40 |
| Coarse Tan Sand | | 40 | 100 |
| | | | |
| | | | - |
| | | | |
| | , | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | * | | |
| | | | |
| | | | |
| OTHER COMMENTS: | | | and the second s |
| | | | |
| | | 23 | |
| | | 3.00.000 | |
| | | | |
| I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS | ACCURATE AND CO マママ | | 10- |
| Signature of Well Driller In Charge | License# | Date | 12-29 |