

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
P.O. BOX 1401, 89 KINGS HIGHWAY
DOVER, 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

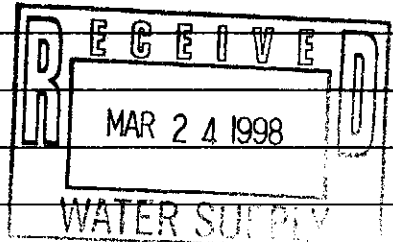
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PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

| PERMIT# 156823-W | LOCAL ID# | |
|-------------------------------------|---------------|------------------|
| PROPERTY OWNER James M. Horn | | |
| WELL CONTRACTOR B&B Mech. | LIC# 600 | |
| DESCRIPTION | TOP OF STRATA | BOTTOM OF STRATA |
| TOP SOIL & SAND | 0 | 5 |
| FINE SAND STRAKS OF CLAY | 5 | 10 |
| med FINE SAND STREAKS OF CLAY | 10 | 20 |
| med FINE SAND & sed. | 20 | 40 |
| med. FINE SAND | 40 | 45 |
| med. SAND | 45 | 60 |
| COARSE SAND | 60 | 85 |
| med coarse SAND | 85 | 95 |
| IRON | 95 | 97 |
| ORANGE & GRAY CLAY | 97 | 100 |
| SAND | 100 | 110 |
| | | |
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| | | |
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| | | |
| | | |

OTHER COMMENTS:



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

Signature of Well Driller In Charge _____ License# _____ Date _____