

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

RESOURCES
DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

FORMATION LOG

PF 44-09

PAGE 2 OF 2 PAGES

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

PERMIT#	183995	LOCAL ID#	IW1			
PROPERTY OWNER	Matt Kirk					
WELL CONTRACTOR	ACSD	LIC#	14			
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA				
Topsoil	0	1				
Orange Fine Sand	1	9				
Tan - Med Sand w/ Clay layers	9	20				
Med Tan Sand w/ Rocks	20	55				
Orange Coarse Sand w/ Gravel & Rocks	55	75				
Tan Coarse Sand w/ Gravel & Rocks	75	99				
Gray Clay w/ Gray Med Sand	99	102				
<table border="1"> <tr> <td>RECEIVED</td> </tr> <tr> <td>APR 01 2002</td> </tr> <tr> <td>WATER SUPPLY</td> </tr> </table>				RECEIVED	APR 01 2002	WATER SUPPLY
RECEIVED						
APR 01 2002						
WATER SUPPLY						

OTHER COMMENTS:

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

Kenneth...
Signature of Well Driller In Charge

9153
License#

07-26-02
Date