

MAIL 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

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

PERMIT#	LOCAL ID#	Stonewater #3	
PROPERTY OWNER	Townsend Inc.		
WELL CONTRACTOR	DESCRIPTION	LIC#	221
	TOP OF STRATA	BOTTOM OF STRATA	
Topsoil	0	1	
Medium Tan sand	1	11	
Medium coarse tan sand with gravel	11	100	
clay with sand	100	115	
Medium Coarse tan sand and gravel	115	160	
Grey clay	160	170	

OTHER COMMENTS:

RECEIVED
 OCT 20 2005
 Signature of Well Driller In Charge
 S. 3/1/05

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
 _____ Date 10/10/05
 License# 692