

MAIL TO:
 WATER SUPPLY SECTION
 DIVISION OF WATER RESOURCES
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STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

D131-20

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

PERMIT# *201472* LOCAL ID# *6-F*

PROPERTY OWNER *Long Neck Water Company*

WELL CONTRACTOR *DGS* LIC# *999*

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Topsoil</i>	<i>0</i>	<i>.5</i>
<i>Orange clayey fine sand to fine silty clay</i>	<i>.5</i>	<i>4</i>
<i>Orange-tan fine sand, some coarse + pebbles</i>	<i>4</i>	<i>8</i>
<i>Same w/ some white-orange silty clay lenses</i>	<i>8</i>	<i>9</i>
<i>Tan-white medium-fine sand, some gravel</i>	<i>9</i>	<i>14</i>
<i>White-tan medium-fine sand w/ some coarse sand and gravel.</i>	<i>14</i>	<i>19</i>
<i>Tan medium-coarse sand, some clay</i>	<i>19</i>	<i>44</i>
<i>Tan fine-medium sand, some coarse sand</i>	<i>44</i>	<i>48'</i>

OTHER COMMENTS: _____

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

[Signature] License# *686* Date *6-16-04*