

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

Qe 42-13

PAGE _____ OF _____ PAGES

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

PERMIT# <i>203203</i>	LOCAL ID# <i>B-4</i>
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PROPERTY OWNER <i>DNREL Parks + Rec.</i>
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WELL CONTRACTOR <i>DGS</i>	LIC# <i>999</i>
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DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>topsoil</i>	<i>0</i>	<i>5"</i>
<i>light yellow silty fine sand</i>	<i>5"</i>	<i>3'</i>
<i>yellow-orange silty fine sand</i>	<i>3'</i>	<i>5'</i>
<i>light yellow-gray fine sand</i>	<i>5'</i>	<i>9'</i>
<i>light yellow-gray medium-fine sand</i>	<i>9'</i>	
<i>trace of coarse sand</i>		<i>12'</i>

OTHER COMMENTS: _____

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

<i>[Signature]</i>	<i>586</i>	<i>8-24-04</i>
Signature of Well Driller In Charge	License#	Date