

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

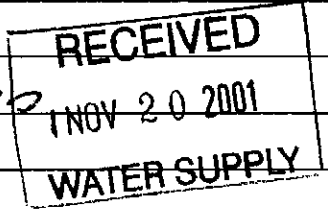
Q: 31-25

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

PERMIT# 181933	LOCAL ID#	
PROPERTY OWNER <i>Lockerman</i>		
WELL CONTRACTOR <i>Wesun</i>		LIC# 319
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
<i>Topsoil</i>	<i>0</i>	<i>10</i>
<i>med orange sands</i>	<i>10</i>	<i>30</i>
<i>med wht</i>	<i>30</i>	<i>60</i>
<i>med wht & coarse sands</i>	<i>60</i>	<i>90</i>
<i>unsorted gravels</i>	<i>90</i>	<i>100</i>
<i>med wht sands</i>	<i>100</i>	<i>130</i>
<i>med & coarse wht sands</i>	<i>130</i>	<i>160</i>

OTHER COMMENTS:
*no confining layer was observed
gravel to gravel pack*



I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT
[Signature] License# *4129* Date *10/24/01*