

MAIL TO:

WATER SUPPLY SECTION
 DIVISION OF WATER RESOURCES
 P.O. BOX 1401, 89 KINGS HIGHWAY
 DOVER, DELAWARE 19903
 PHONE: 302-739-3665
 FAX: 302-739-2296

STATE OF DELAWARE
 DEPARTMENT OF NATURAL RESOURCES
 AND ENVIRONMENTAL CONTROL

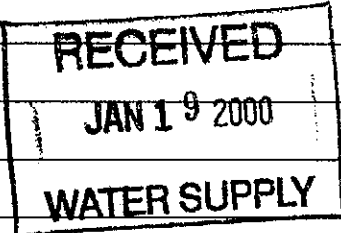
WELL COMPLETION REPORT MUST
 BE RETURNED WITHIN 30 DAYS OF
 CONSTRUCTION DATE

FORMATION LOG

PAGE _____ OF _____ PAGES

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

PERMIT# 162689	LOCAL ID#	
PROPERTY OWNER DONALD OLOANOL		
WELL CONTRACTOR WSS		LIC# 830
DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
TOP SOIL	0	2
GRY CLY	2	8
BROWN CLY / MMSU GRASS	8	16
TAN SAND MED TO COARSE	16	143
GRAY SILT TO CLY	143	167
GRY SILT / TREE WOOD	167	183
GRAY SAND FINE	183	220
	QJ52-82	
OTHER COMMENTS: _____		



HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT

Signature of Well Driller In Charge: [Signature] License#: 830 Date: 3/15/99