TO:

ATER SUPPLY SECTION
IVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-9944
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

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

FORMATION LOG

R15-11

PAGE _____ OF _____ PAGES

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

PERMIT# 218777 LOCAL ID#

PROPERTY OWNER Inseschon

WELL CONTRACTOR [illegible] LIC# 319

DESCRIPTION	TOP OF STRATA	BOTTOM OF STRATA
Fill	0	1
marsh mud	1	4
Brown clay	4	15
med sand	15	60
coarse sand	60	95
pebbles	95	110
med sand	110	160
Gray clay	160	200

OTHER COMMENTS:

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

Signature of Well Driller In Charge [signature] License# 4129 Date 4/10/07

White - DNREC • Canary - Contractor • Pink - Owner

Doc. No. 40-08-82-12-11