

MAIL TO:

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL

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

WATER SUPPLY SECTION  
DIVISION OF WATER RESOURCES  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901  
PHONE: 302-739-3665  
FAX: 302-739-2296

FORMATION LOG

Ri24-32

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

|   |               |                  |         |
|---|---------------|------------------|---------|
| PERMIT#                                       | 200937        | LOCAL ID#        | Driving |
| PROPERTY OWNER                                | CMF Bayside   |                  |         |
| WELL CONTRACTOR                               | ACSD          | LIC#             | 14      |
| DESCRIPTION                                   | TOP OF STRATA | BOTTOM OF STRATA |         |
| Fill Dirt                                     | 0             | 4                |         |
| Med Tan Sand Qcs                              | 4             | 12               |         |
| Fine-Med Gray Sand Q <sub>o</sub> ↑           | 12            | 23               |         |
| Med Gray Sand & Clay ↓                        | 23            | 33               |         |
| Med Tan Sand T <sub>bd</sub> ↑                | 33            | 67               |         |
| Med-Coarse Tan Sand & Gravel w/ Some Stones ↓ | 67            | 84               |         |
| Fine Gray Sand & Gray Clay T <sub>bt</sub> ↓  | 84            | 90               |         |
|   |               | -29              |         |

OTHER COMMENTS:

|              |
|--------------|
| RECEIVED     |
| OCT 8 2004   |
| WATER SUPPLY |

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

Signature of Well Driller In Charge

License# 991

License#

Date 9/30/04

Date