

County/City Stafford

County/City Stamp

SWCS Permit

County Permit

Certification of inspecting official:
This well does _____ does not
meet code/low requirements.

S.

Date

For Office Use

Tax Map I.D. No. 18-44

Subdivision Millbrook

Section 8-4

Block

Lot 44

Class Well I _____ IIA _____

II B IIIA _____ IIIB _____

IIIC _____ IIID _____ IIIE _____

Virginia Plane Coordinates

N

E

Latitude & Longitude

N

W

Topo. Map No. 130

Elevation _____ ft.

Formation _____

Lithology _____

River Basin _____

Province _____

Type Logs D. L.

Cuttings N. A.

Water Analysis _____

Aquifer Test _____

Owner Tom Carter

Well Designation or Number Carter Construction

Address _____

Phone _____

Drilling Contractor John L. Danielson, Jr., Inc.

Address 4616 Hood Drive

Fredericksburg, Virginia 22401

Phone (703) 898-6025

WELL LOCATION: _____ (feet/miles _____ direction) of _____

and _____ (feet/miles _____ direction) of _____

(If possible please include map showing location marked) 3/4 mile N of Interchange 612 & 646

1st House on Right
Date started 5/27/88 • Date completed 5/31/88 Type rig Air Rotary

Approximate Drawdown 300 feet.

I. WELL DATA: New Reworked _____ Deepened _____

• Total depth 380 ft.

• Depth to bedrock 52 ft.

• Hole size (Also include reamed zones)

• 10 inches from 0 to 52 ft.

• 6 1/2 inches from 52 to 380 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6 1/2 inches from +1 to 52 ft.

Material steel

Wt. per foot 13.16 or wall thickness .188 in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• Gravel pack

• From _____ to _____ ft.

• From _____ to _____ ft.

• Grout

• From 0 to 50 ft. Type Neat Cement

• From _____ to _____ ft. Type _____

Installed Watertight top
Suggest setting pump @ approx 360'
Pressure Grouting
6/4/88
(2 bags Cement)

OVER

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 50 ft.

• Stabilized measured pumping water level 350 ft.

• Stabilized yield 16 gpm after _____ hours

Natural Flow: Yes _____ No flow rate _____ gpm

Comment on quality _____

3. WATER ZONES: From 150 To 152

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking Livestock Watering _____

Irrigation _____ Food processing _____ Household

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other _____

• Type of facility: Domestic Public water supply _____

Public institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____

• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

Pressure tank _____ gal., Loc. _____

Sample tap _____ Measurement port _____

Well vent _____ Pressure relief valve _____

Gate valve _____ Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no _____

Date _____ Disinfectant used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

Pump installed through Carter Construction

GREENWICH DRIVE

INCORPORATED

... completion report. The Virginia State Health Department requires a completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)

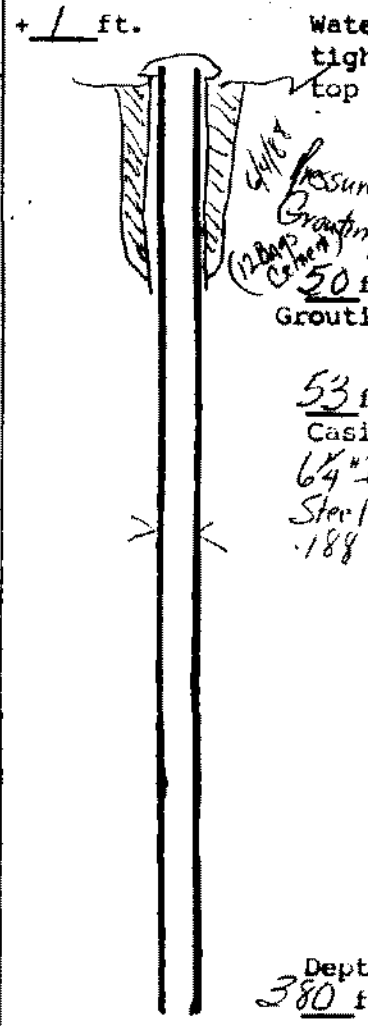
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)
From	To		
0	10	red clay	
10	30	Micaceous formation (red)	
30	47	Micaceous formation (brown)	
47	52	soft brown rock	
52	200	hard black rock	
200	275	blue rock	
275	380	grey rock	

Approximate
Water Zones
150 to 152

11.

Drilling Time (Min.)

12. DIAGRAM OF WELL CONSTRUCTION
(with dimensions)



13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595

Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6816
Richmond, Va. 23230
804-257-1006

Southwest Reg. Off.
406 East Main Street
P. O. Box 478
Abingdon, Va. 24810
703-828-3183

Tidewater Reg. Off.
287 Pembroke Office Park
Suite 310 Pembroke No. 2
Va. Beach, Va. 23462
804-499-8742

West Central Reg. Off.
Executive Park
5512 Peters Creek Road
Roanoke, Va. 24019
703-982-7482

Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703-750-9111

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Asa P. Daniels (Well driller or authorized person) Date 6/4/88
 License No. _____