

James Dan Patrick and Jeffrey Tim Tychan
P.O. Box 507
Lawsonville 22463 Commonwealth of Virginia
720-8452 F 720-8550 Uniform Water Well Completion Report

Owner Dave Castell / Tim Tychan - Agent
 Address P.O. Box 1507
Lawsonville, Va. 22463
 Phone 720-
 Location Rockhill Manor #1 (Linkey Lane off 671)
183D
 Well Classification IIIA IIIB IIIC IV
Approx 100' N. of Van Horn Lane & Rock Hill Well Data *

Tax Map ID 9-2-1
 VDH Permit SWP-95-205
 VWCB Permit _____
 VWCB ID _____
 County STAFFORD
6/29/95 Dalton B. Wright
S.F.F

General Information
 Drilling Method Clear Rotary
 Depth to Bedrock 78
 Static Water Level 40
 Well Disinfected (Y or N) _____

Date Completed 10/12/95
 Yield 20 (GPM)
 Stabilized Water Level 140'
 Disinfectant Used _____

Total Depth of Well 220'
 Length of Test approx 1 Hr.
 Natural Flow (Rate) _____
 Amount Used _____

Casing
 From +1 To 78
 Size 4 1/2" Material P.V.C.
 Weight/Schedule SDR 27

From _____ To _____
 Size _____ Material _____
 Weight/Schedule _____

From _____ To _____
 Size _____ Material _____
 Weight/Schedule _____

Gravel Pack
 From _____ To _____
 Hole size 10" from 0 to 60 ft.
 Grout
 From 0 To 50'
 Bore Hole Size 10
 Type Bentonite
 Method Pressure Grouting

From _____ To _____
 Hole size 7 7/8" from 60 to 78 ft.
 From _____ To _____
 Bore Hole Size _____
 Type _____
 Method _____

From _____ To _____
 Hole size 6 1/8" from 78 to 220 ft.
 From _____ To _____
 Bore Hole Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals
 From 210 To 211
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

* Use Data *

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
 Public Well: Community _____ Non Community _____

* Abandonment Information *

Bored or Dug Wells
 Casing Removed, Y or N? _____
 If Y, Depth to which casing was removed: _____
 Depth and Type of Fill: _____
 Source of Fill _____
 Bentonite Plugs: From _____ to _____ From _____ to _____

Wells other than Bored Wells
 Casing removed, Y or N? _____
 Depth to which casing was removed: _____
 Applicable, depth(s), and type of gravel/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

Method of permanently marking location:
 Installed watertight top
 Suggest setting pump @ approx. 160 ft.

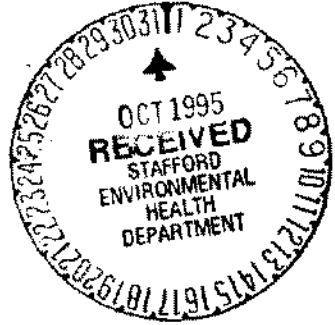
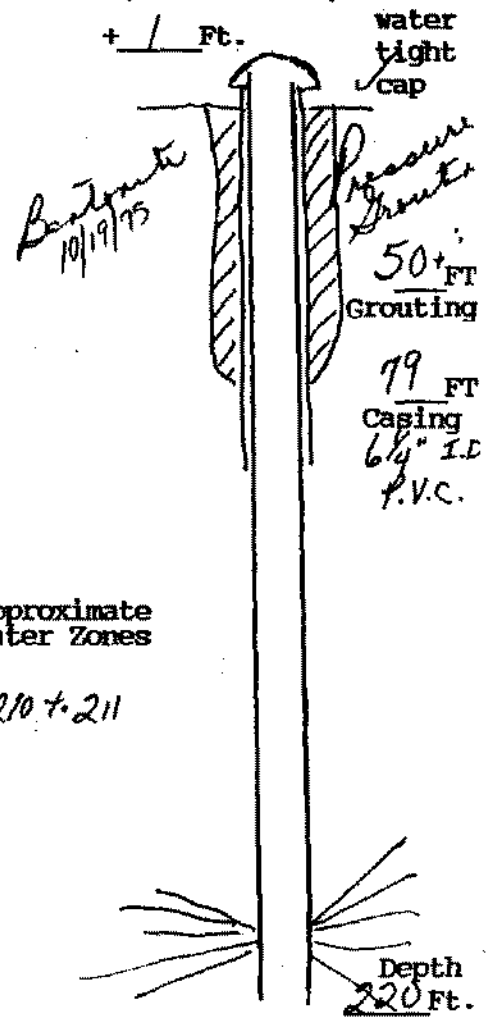
Regency
 Dave Castell
 Rock Hill Manor #1
 Stafford
 Lindsey Lane off #671

* Drillers Log *

Depth Description of Formation or Sediment Remarks

0	10	Red Clay
10	30	Micaceous formation Red
30	60	Micaceous formation Brown
60	78	Brown Shale
78	220	Blue Granite

DIAGRAM (NOT TO SCALE)



Approximate Water Zones

210 + 211

(User additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name JOHN L. DANIELSON, JR., INC.
 Address 4616 HOOD DRIVE
FREDERICKSBURG, VIRGINIA 22408
 Phone (703) 898-6025 / 898-9355

Drillers Signature *John L. Danielson, Jr.*
 Date 10/19/95 Representing JOHN L. DANIELSON, JR., INC.

Virginia Contractors License Number CLASS A 2701 014084A H/H WWC