

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

*BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

County/City STAFFORD

County/City Stamp

SWCB Permit _____
County Permit _____
Certification of inspecting official: This well does _____ does not _____ meet code/low requirements. S. _____ Date _____
For Office Use

*Virginia Plane Coordinates

N _____
E _____
Latitude & Longitude _____
N _____
W _____

*Topo. Map No. _____
*Elevation _____ ft.
*Formation _____
*Lithology _____
*River Basin _____
*Province _____
*Type Logs _____
*Cuttings _____
*Water Analysis _____
*Aquifer Test _____

*Owner Jesse Johnson

*Well Designation or Number W-99-602
Address 1837 GARRISONVILLE RD,
STAFFORD VA 22554
Phone 752-0342

*Drilling Contractor R. L. CURTIS WELL DRILLING CO.
Address 5069 SUMERDUCK RD.
SUMERDUCK, VA 22742
Phone 540-439-8377

Tax Map I.D. No. <u>9-17</u>
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____ IIA _____ IIB _____ IIIA _____ IIIB <input checked="" type="checkbox"/> IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles) _____ direction) of _____
and _____ (feet/miles) _____ (direction) of _____
(If possible please include map showing location marked)

Date started 3/30/00 * Date completed 3/30/00 Type rig AIR

1. WELL DATA: New Reworked _____ Deepened _____

*Total depth 365 ft.
*Depth to bedrock 55 ft.

*Hole size (Also include reamed zones)

- * 10 inches from 0 to 69 ft.
- * 6 inches from 69 to 365 ft.

*Casing size (I.D.) and material

- * 6 3/4 inches from 0 to 69 ft.
Material PLASTIC
Wt. per foot 4 or wall thickness 244 in.

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

- * Mesh size _____ Type _____

*Gravel pack

- * From _____ to _____ ft.

*Grout

- * From 0 to 50 ft., Type PRESSURE

2. WATER DATA * Water temperature _____ of _____

- * Static water level (unpumped level-measured) 30 ft.
- * Stabilized measured pumping water level 364 ft.
- * Stabilized yield 3 gpm after 2 hours
- Natural Flow: Yes _____ No _____ flow rate _____ gpm
- Comment on quality _____

3. WATER ZONES: From _____ To _____
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 _____

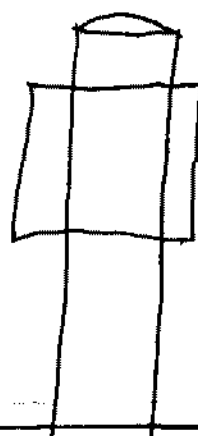
8. ABANDONMENT (where applicable) * yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____

Owner Jesse Johnson

BWCM No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly-pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL		
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.))	
0	55	Red soil		Well 365 Ft CASING 69 Ft GROUT 50 Ft WATER TIGHT CAP
55	365	Blue Stone		



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 _____

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.

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 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

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
 3312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7432

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

Signature Jesse Johnson (Seal) Date 3/30/00
 (Well driller or authorized person) License No. 02422019