

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Lorene Limox Tax Map ID 16-19B
 Address 19 Limox Lane VDH Permit SWP-97-249
Fredericksburg, Va. 22405 VWCB Permit _____
 Phone 372-1435 Pager 899-7944 VWCB ID _____
 Location Limox Family 19B Skyline Drive County STAFFORD
686 → 614 → 615 12/97 Ashton Wright
 Well Classification IIIA _____ IIIB IIIC _____ IV _____
 * Well Data * DJC

General Information
 Drilling Method Air Rotary Date Completed 10/1/99 Total Depth of Well 260'
 Depth to Bedrock 65' Yield 20 (GPM) Length of Test Approx 1 Hr.
 Static Water Level 30' Stabilized Water Level 140' Natural Flow (Rate) _____
 Well Disinfected (Y or N) _____ Disinfectant Used _____ Amount Used _____

Casing
 From +1 To 59 From 59 To 99 From _____ To _____
 Size 6 1/4" Material P.V.C. Size 6 1/8" Material P.V.C. Size _____ Material _____
 Weight/Schedule SDR 27 Weight/Schedule SDR 21 Weight/Schedule _____

Gravel Pack
 From _____ To _____ From _____ To _____ From _____ To _____
 Hole size 10" from 0 to 50 ft. 7 1/8" from 50 to 99 ft. 6 1/8" from 99 to 260 ft.
 Grout From 0 To 50+ 199 From _____ To _____ From _____ To _____
 Bore Hole Size 10" Bore Hole Size _____ Bore Hole Size _____
 Type Bentonite Type _____ Type _____
 Method Pressure Grouting Method _____ Method _____

Water Zones or Screened Intervals
 From 180 To 181 From _____ To _____ From _____ To _____
 Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ Mesh Size _____ Diam _____
 From 240 To 241 From _____ To _____ From _____ To _____
 Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ 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 _____

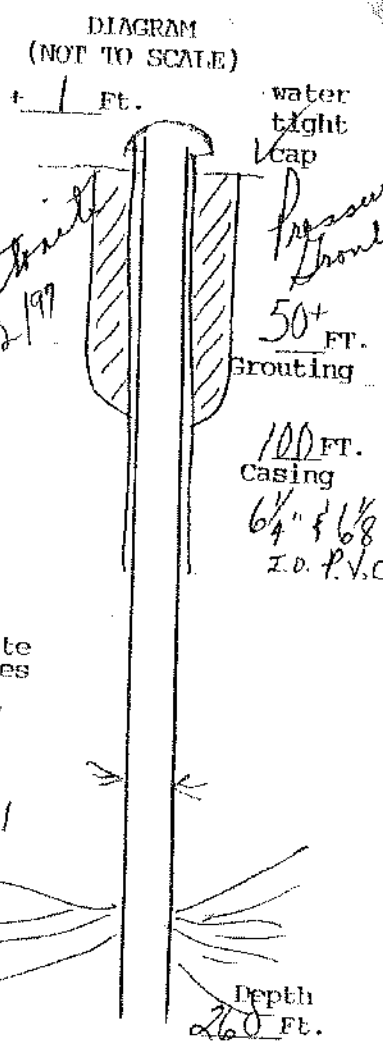
Wells other than Bored Wells
 Casing removed, Y or N? _____
 Depth to which casing was removed: _____
 Applicable, depth(s), and type of gravel/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

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

Lenox
Lenox Family / 1913 / Skyline Drive
Stafford
 615

616 → 614 → 615 * Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0	10	Red Clay
10	65	Brown Clay
65	99	Brown Shale
99	260	Grey Granite



Approximate Water Zones
 180 to 181
 and
 240 to 241

(Use 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 540 (703) 898-6025 / 898-9355
 Drillers Signature John L. Danielson, Pres.
 Date 10/2/97 Representing JOHN L. DANIELSON, JR., INC.
 Virginia Contractors License Number CLASS A 2701 014084A II/H WVC