

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

SWCB Permit
County Permit WS91-190
Certification of inspecting official:
This well does _____ does not _____
meet code/low requirements.
S. _____
Date _____
For Office Use

County/City Stafford

County/City Stamp

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 Garrett Development Corp.
Well Designation or Number _____
Address P. O. Box 374
Garrisonville, Va. 22463
Phone 703-659-6172
Drilling Contractor DOMINION WELL COMPANY
361-3443 Manassas 301-8128
Address _____
1-800-628-2877
Phone _____

Tax Map I.D. No. 16-4-1
Subdivision Eagles Nest
Section 1
Block Rt. 616
Lot 1
Class Well: I _____, IIA _____
IIB _____, IIIA _____, IIIB _____
IIIC X _____, IIID _____, IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ (feet/miles _____ (direction) of _____
(if possible please include map showing location marked) (Directions: see reverse)
Date started 11-4-91 Date completed 11-4-91 Type rig air rotary

1. WELL DATA: New X Reworked _____ Deepened _____
Total depth 370 ft.
Depth to bedrock 90 ft.
Hole size (Also include reamed zones)
10 inches from 0 to 98 ft.
6 inches from 98 to 370 ft.
Casing size (I.D.) and material
6 1/2 inches from + 2 to 98 ft.
Material steel
Wt. per foot 13 or wall thickness .188 in.
Screen size and mesh for each zone (where applicable)
Gravel pack
From _____ to _____ ft.
From _____ to _____ ft.
Grout
From 0 to 30 ft. Type pressure
From _____ to _____ ft. Type 1/4 bags

2. WATER DATA Water temperature _____ of _____
Static water level (unpumped level measured) 50 ft.
Stabilized measured pumping water level _____ ft.
Stabilized yield 8 1/2 gpm after 1 hours
Natural Flow: Yes _____ No X, flow rate _____ gpm
Comment on quality clear
3. WATER ZONES: From 200 To 205
From 350 To 355 From _____ To _____
From _____ To _____ From _____ To _____
4. USE DATA:
Type of use: Drinking X, Livestock Watering _____
Irrigation _____, Food processing _____, Household X
Manufacturing _____, Fire safety _____, Cleaning _____
Recreation _____, Aesthetic _____, Cooling or heating _____
Injection _____, Other _____
Type of facility: Domestic X, 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 _____

OVER

TOTAL P. 04

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.

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, etc.)	Drilling Time (Min.)
From	To			
0	20	brown sandy soil		
20	90	brown shale		
90	120	bluestone		
120	150	brown shist		
150	370	bluestone		

Rt. 29N to Linton Hall Rd. (R) to Rt. 28S (R) to Rt. 610 (L) to Rt. 616 (R) to new gravel road on (L) exactly 4/10 miles past Stafford County Line to Lot 1 on (L) (if you pass NOVA Electric Co. - you went too far on Rt. 616)

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 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-828-5183

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
 703-922-7432

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 [Signature] (Seal), Date 11-7-91
 [Well driller or authorized person] License No. _____