

**Commonwealth of Virginia
Uniform Water Well Completion Report**

Owner Jerry L. Jones
 Address 5310 Rock Hill Church Rd.
Stafford Va 22554
 Phone 752-10600 wcw 786-8357 (Aunt Sarah's)
 Location _____

Tax Map ID 18-9B-2
 VDH Permit SWP-95-60
 VWCB Permit _____
 VWCB ID _____
 County Stafford
3/15/95 Daniel Jones
SFF

Well Classification IIIA _____ IIIB _____ IIIC _____ IV _____
 * Well Data *

General Information

Drilling Method Air Rotary Date Completed 5/15/95 Total Depth of Well 380
 Depth to Bedrock 56 Yield 3 (GPM) Length of Test _____
 Static Water Level 40 Stabilized Water Level 340 Natural Flow (Rate) _____
 Well Disinfected (Y or N) _____ Disinfectant Used _____ Amount Used _____

Casing

From <u>+1</u> To <u>56</u>	From _____ To _____	From _____ To _____
Size <u>6 3/4</u> Material <u>PVC</u>	Size _____ Material _____	Size _____ Material _____
Weight/Schedule <u>SDR 27</u>	Weight/Schedule _____	Weight/Schedule _____

Gravel Pack

From _____ To _____	From _____ To _____	From _____ To _____
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Hole size

<u>10"</u> from <u>0</u> to <u>50</u> ft.	<u>7 7/8"</u> from <u>50</u> to <u>56</u> ft.	<u>6 1/2"</u> from <u>56</u> to <u>380</u> ft.
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Grout

From <u>0</u> To <u>50'</u> <u>5/16/95</u>	From _____ To _____	From _____ To _____
Bore Hole Size <u>10"</u>	Bore Hole Size _____	Bore Hole Size _____
Type <u>Bentonite</u>	Type _____	Type _____
Method <u>Pressure Grouting</u>	Method _____	Method _____

Water Zones or Screened Intervals

From <u>100</u> To <u>101</u>	From _____ To _____	From _____ To _____
Mesh Size _____ Diam _____	Mesh Size _____ Diam _____	Mesh Size _____ Diam _____
From <u>360</u> To <u>361</u>	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 _____

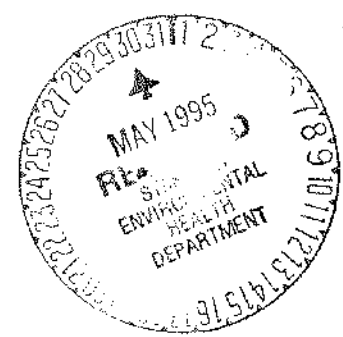
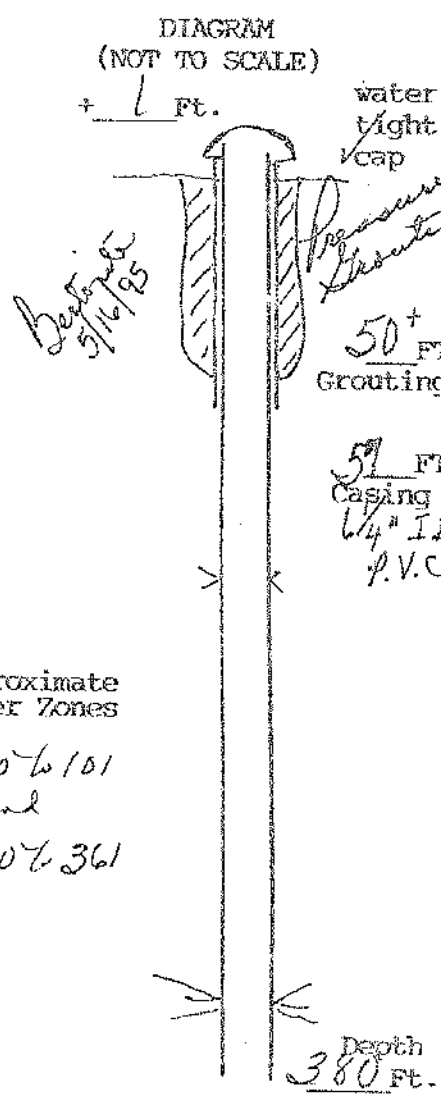
Method of permanently marking location: _____
 Installed watertight top
 Suggest setting pump @ approx. 360 ft.

Department of Health
 of Virginia
 of Company/Corporation/Individual

Joseph G. Jones
Stafford
644
Just South of #645

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0	10 Red Clay	
10	30 Micaceous formation/Red	
30	50 Micaceous formation/Brown	
50	56 Brown Shell	
56	380 Blue Granite	



Approximate Water Zones
 100 to 101
 and
 360 to 361

(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, Pres.
 Date 5/16/95 Representing JOHN L. DANIELSON, JR., INC.

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