

**COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT**

• BWCM No. _____

(Certification of Completion/County Permit)

Water Well Board
143
11th Hamilton St.
Richmond, Va. 23230

County/City Stafford

County/City Stamp

- Virginia Plane Coordinates
 - N _____
 - E _____
- Latitude & Longitude
 - N _____
 - W _____
- Topo. Map No. 183-A
- Elevation _____ ft.
- Formation _____
- Lithology _____
- River Basin _____
- Province _____
- Type Logs D. L.
- Cuttings N. A.
- Water Analysis _____
- Aquifer Test _____

• Owner Rockhill Rescue Squad
 • Well Designation or Number _____
 Address 2133 Magnolia Rd
Stafford, Va 22554
 Phone _____

• Drilling Contractor John L. Danielson, Jr., Inc.
 Address 4616 Hood Drive
Fredericksburg, Virginia 22401
 Phone (703) 898-6025

WELL LOCATION: 200 (feet/miles West direction) of Rt. # 610 + #644
 and _____ feet/miles _____ (direction) of _____
 (If possible please include map showing location marked)

Date started 7/5/89 • Date completed 7/6/89 Type rig Air Rotary

WELL DATA: New Reworked _____ Deepened _____

- Total depth 400 ft.
- Depth to bedrock 53 ft.
- Hole size (Also include reamed zones)
 - 10 inches from 0 to 53 ft.
 - 6 1/8 inches from 53 to 400 ft.
 - _____ inches from _____ to _____ ft.
- Casing size (I.D.) and material
 - 6 1/4 inches from +1 to 53 ft.
 - Material PVC Well Casing
 - Wt. per foot _____ or wall thickness _____ in.
 - _____ inches from _____ to _____ ft.
 - Material _____
 - Wt. per foot _____ or wall thickness _____ in.
 - _____ inches from _____ to _____ ft.
 - Material _____
 - Wt. per foot _____ or wall thickness _____ in.
- Screen size and mesh for each zone (where applicable)
 - _____ inches from _____ to _____ ft.
 - Mesh size _____ Type _____
 - _____ inches from _____ to _____ ft.
 - Mesh size _____ Type _____
 - _____ inches from _____ to _____ ft.
 - Mesh size _____ Type _____
 - _____ inches from _____ to _____ ft.
 - Mesh size _____ Type _____
- Gravel pack
 - From _____ to _____ ft.
 - From _____ to _____ ft.
- Grout
 - From 0 to 50 ft. Type Pressure shooting Neat Cement
 - From _____ to _____ ft. Type _____

*Watertight cap installed
Suggest setting pump at 380ft.*

SWCB Permit _____
 County Permit _____

Certification of inspecting official:
 This well does _____ does not _____
 meet code/low requirements.
 S. _____
 Date _____

For Office Use
189-58-376 Karl W. Kuchel
3/20/89

Tax Map I.D. No. 19-36
 Subdivision _____
 Section _____
 Block _____
 Lot _____
 Class Well: I _____ IIA _____
 IIB IIIA _____ IIIB _____
 IIIC _____ IIID _____ IIIE _____

- Approximate Drawdown 300 feet.
2. WATER DATA • Water temperature _____ °F
 - Static water level (unpumped level-measured) 40 ft.
 - Stabilized measured pumping water level 340 ft.
 - Stabilized yield 4 gpm after _____ hour
 - Natural Flow: Yes _____ No flow rate _____ gpm
 - Comment on quality _____
 3. WATER ZONES: From 320 To 321
 - 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 _____
 - Pump installed through Rockhill Rescue Squad

OVER

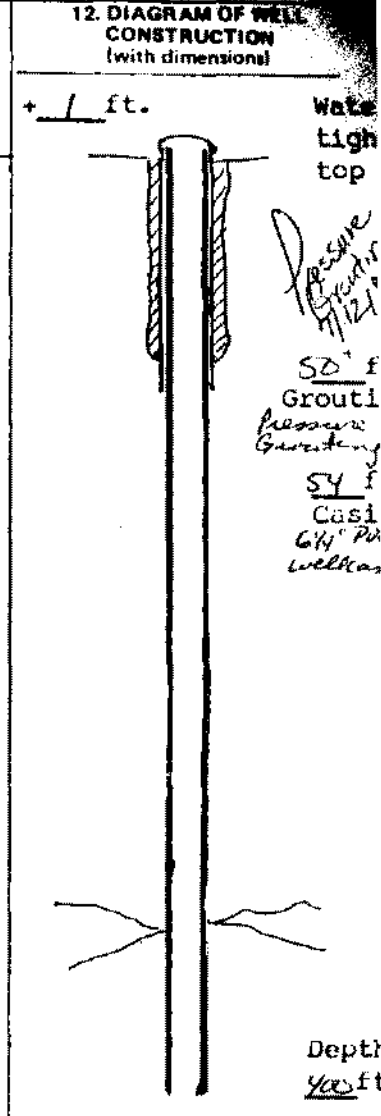
Owner Rock Hill Rescue Squad
Stafford - off #615 + #644

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

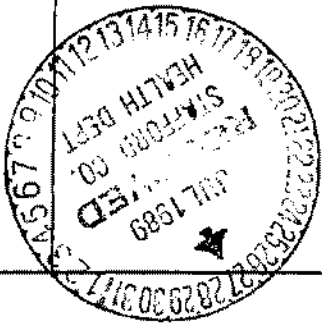
10. DRILLERS LOG (use additional Sheets if necessary)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))
From	To		
0	10	Red clay	
10	30	Red formation with mica	
30	45	Brown formation with mica	
45	53	Soft brown rock	
53	400	Hard blue granite	

11. Drilling Time (Min.)



Approximate Water Zones
300-321



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.
 Signature [Signature] (Seal), Date 7/13/89
 License No. _____

- State Water Control Board Regional Offices**
- Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595
 - Southwest Reg. Off.
408 East Main Street
P. O. Box 476
Abingdon, Va. 24210
703-628-5183
 - West Central Reg. Off.
Executive Park
3312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432
 - Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6616
Richmond, Va. 23230
804-257-1006
 - Tidewater Reg. Off.
287 Pembroke Office Park
Suite 310 Pembroke No. 2
Va. Beach, Va. 23462
804-499-8742
 - Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703-750-9111