

Commonwealth of Virginia
Uniform Water Well Completion Report

19-52 (part)

Owner David Ewe
Address 215 Toluca Rd.
Phone _____
Location End of Toluca Road - on left behind 215

OWNER:
Keith Perry
P.O. Box 261
Carrisville Va. 22463
659-1645
* Well Data *
End of Toluca

Tax Map ID 19-52 Part 09
VDH Permit WS-92-317
VWCB Permit _____
VWCB ID _____
County STAFFORD
10-29-92 DANIEL F. Jasselyn
11-2-92 T. T. Thompson

Well Classification IIIA IIIB IIIC IV
1 M.R. N. of Inter 9 #610 & Toluca

General Information
Drilling Method Air Rotary
Depth to Bedrock 33
Static Water Level 40
Well Disinfected (Y or N) _____

Date Completed 4/28/93
Yield 3 (GPM)
Stabilized Water Level 320
Disinfectant Used _____

Total Depth of Well 360
Length of Test 1 Hr
Natural Flow (Rate) _____
Amount Used _____

Casing
From +1 To 57
Size 6 3/4 Material PVC
Weight/Schedule SDR 27

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack
From _____ To _____

From _____ To _____

From _____ To _____

Hole size
10" from 0 to 5 1/2 ft.

1 1/4" from 5 to 360 ft.

" from _____ to _____ ft.

Grout
From 0 To 50+
Bore Hole Size 10
Type Bentonite
Method Pressure Grouting

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals
From 160 To 161
Mesh Size _____ Diam _____
From 340 To 341
Mesh Size _____ Diam _____

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
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 _____

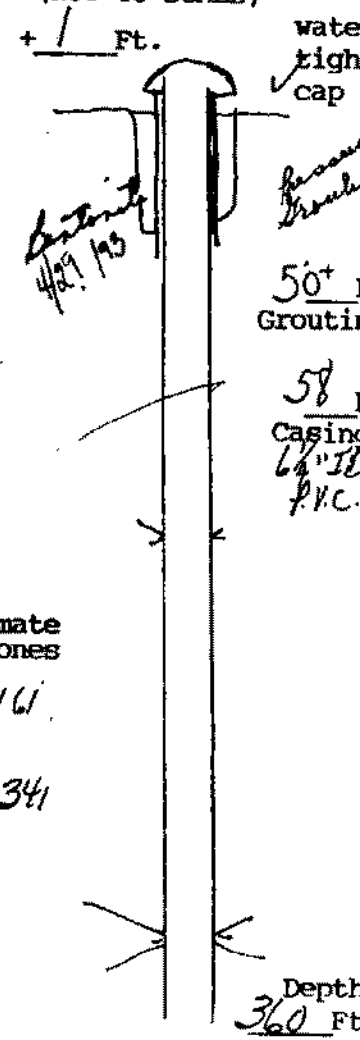
Method of permanently marking location:
 Installed watertight top
Suggest setting pump @ approx 340 ft.

Keith Leary
Toluca Rd
Stafford

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0	10	Red Clay
10	33	Brown Clay
33	130	Dark Grey Granite
130	180	Light Grey Granite
180	260	Dark Grey Granite
260	360	Light Grey Granite

DIAGRAM
 (NOT TO SCALE)
 + 1 Ft.



Approximate
 Water Zones

160 to 161
 and
 340 to 341

(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 [Signature]
 Date 4/29/93 Representing JOHN L. DANIELSON, JR., INC.

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