

P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

County/City Stafford

County/City Stamp

• Virginia Plane Coordinates

N

E

Latitude & Longitude

N

W

• Topo. Map No. 182B

• Elevation _____ ft.

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type Logs D. L.

• Cuttings No. A.

• Water Analysis _____

• Aquifer Test _____

• Owner Capt. Inochys Susan Seay

• Well Designation or Number 4505A

Address Quarters A 4507B MCC DC

Stafford Va. 22139

Phone 1-703-221-7221

• Drilling Contractor John L. Danielson, Jr., Inc.

Address 4616 Hood Drive

Fredericksburg, Virginia 22401

Phone (703) 898-6025

WELL LOCATION: _____ (feet/miles _____ direction) of _____

and _____ (feet/miles _____ (direction) of _____

(If possible please include map showing location marked) 1 Mile North Intersection of 610 & 641

Sub. on Right

Date started 4/23/89

• Date completed 4/23/89

Type rig Air Rotary

Approximate Drawdown 85 feet.

WELL DATA: New Reworked _____ Deepened _____

• Total depth 200 ft.

• Depth to bedrock 70 ft.

• Hole size (Also include reamed zones)

• 10 inches from 0 to 70 ft.

• 6-1/8 inches from 70 to 200 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6-7/8 inches from 71 to 70 ft.

Material Steel

Wt. per foot 13.6 or wall thickness .188 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 Pressure Grouting 4/23/89

• From 0 to 15 ft. Type Neat Cement

• From _____ to _____ ft. Type _____

Installed watertight top

Suggest setting pump @ approx 180'

OVER

SWCB Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not

meet code/low requirements.

S. _____

Date _____

For Office Use

189-88-347 7/4/88 Michael Newman

Tax Map I.D. No. 20H-1-6

Subdivision Bald Eagle Hills

Section _____

Block _____

Lot #6

Class Well: I _____ IIA _____

IIA IIIA _____ IIIB _____

IIIC _____ IIID _____ IIIE _____

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 75 ft

• Stabilized measured pumping water level 160 ft

• Stabilized yield 15 gpm after 1 hours

Natural Flow: Yes _____ No flow rate _____ gpm

Comment on quality _____

3. WATER ZONES: From 180 To 182

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 Shaft

9. State law requires submitting to the State Health Department a well completion report for wells intended for water, or any other non-exempt well. This information required includes: an accurately and completely prepared water well completion report, full data from any geophysical logs, geologic 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.

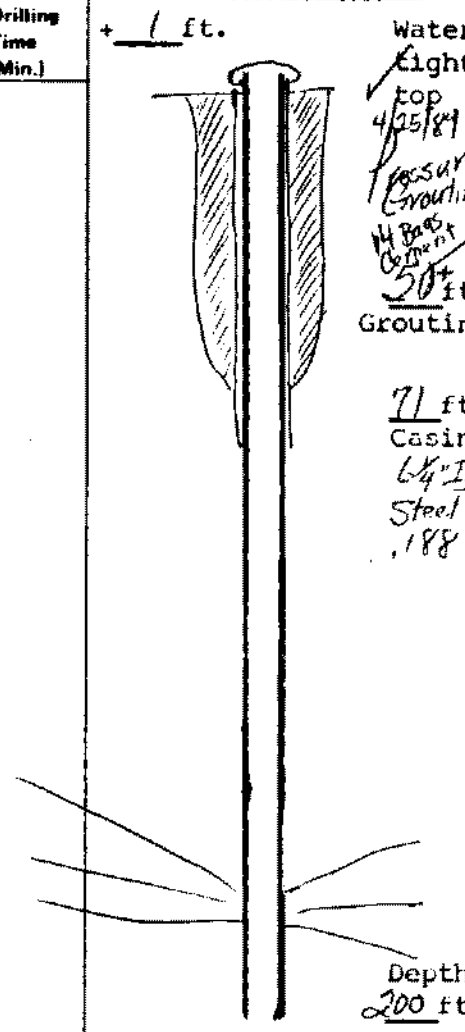
10. DRILLERS LOG (use additional Sheets if necessary)

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	15	soft blue rock	
15	70	soft brown rock - broken	
70	200	granite (blue)	

11.

Drilling Time (Min.)

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)



Approximate Water Zones
180 to 182

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 Russell Pennington (Seal), Date 4/25/89
(Well driller or authorized person)

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

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
703-628-5183

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
5312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703-750-9111