

State Water Control Board
 P. O. Box 11143
 2111 North Hamilton St.
 Richmond, Va. 23230

(Certification of Completion/County Permit)

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 N. A.
- Water Analysis _____
- Aquifer Test _____

- Owner Gary Willis
- Well Designation or Number _____
- Address Rt 12, Box 542
Fredericksburg, Va 22405
- Phone 752-2639
- Drilling Contractor John L. Danielson, Jr., Inc.
- Address 4616 Hood Drive
Fredericksburg, Virginia 22401
- Phone (703) 898-6025

SWCB Permit _____
 County Permit _____

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

For Office Use

SD-86-95 3/4/86
 Tax Map I. D. No. 20-H-22
 Subdivision Bald Eagle Hills
 Section _____
 Block _____
 Lot 22
 Class Well, I _____, IIA _____
 IIB , IIIA _____, IIIB _____
 IIIC _____, IIID _____, IIIE _____

WELL LOCATION: 1 (feet/feet) N direction) of Intersection 641 & 610
 and _____ feet/miles (direction) of on Aubrey Drive
 (If possible please include map showing location marked) 4th house on left

Date started 7/10/87 • Date completed 7/10/87 Type rig Air Rotary

WELL DATA: New Reworked _____ Deepened _____

- Total depth 230 ft.
- Depth to bedrock 60 ft.
- Hole size (Also include reamed zones)
 - 10 inches from 0 to 60 ft.
 - 6 inches from 60 to 230 ft.
- Casing size (I.D.) and material
 - 6 1/4 inches from +1 to 60 ft.
 - Material steel
 - Wt. per foot 13.1 or wall thickness .188 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 _____

Approximate Drawdown 30 feet.

2. WATER DATA • Water temperature _____ of _____
- Static water level (unpumped level measured) 20 ft
 - Stabilized measured pumping water level 30 ft.
 - Stabilized yield 40 gpm after 1 hours
 - Natural Flow: Yes _____ No flow rate _____ g pm
 - Comment on quality _____

3. WATER ZONES: From 225 To 227

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 Gary Willis

• Grout
 • From 0 to 50' ft. Type Neat Cement 7/10/87
 • From _____ to _____ ft. Type _____

Installed Wateright Cap
Suggest setting pump @ 55'
Pumped 150 p.m. @ 55' on 7/10/87 OVER

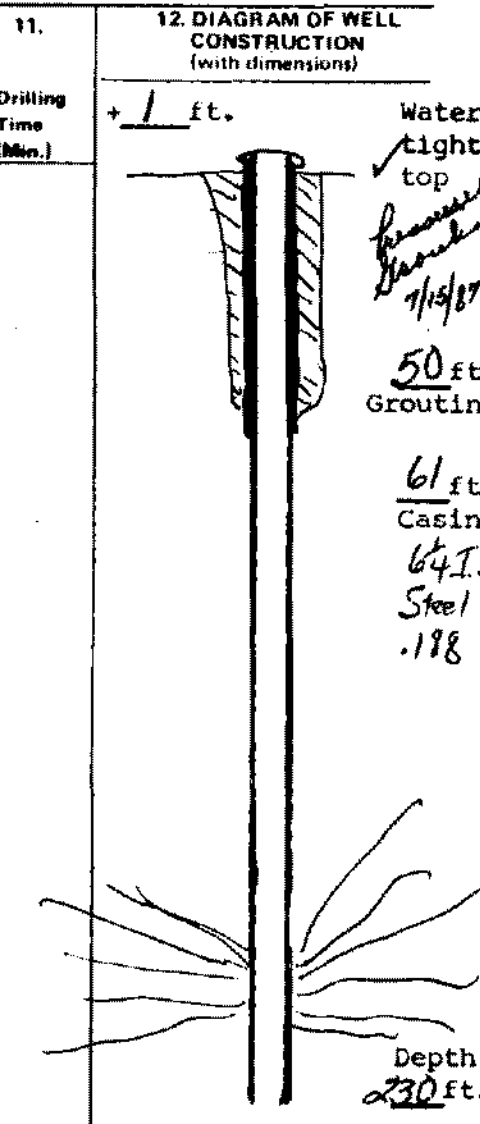
9. State law requires submission of a water well completion report for all wells intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, well 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	Brown clay	
10	40	red micaceous formation	
40	60	Brown micaceous formation	
60	230	blue granite	

Approximate
water zones

225 to 227



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.

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
5512 Peters Creek Road
Roanoke, Va. 24019
703-982-7452

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

Signature Charles P. Daniels (Seal), Date 7/17 / 187
 License No. _____