

**COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT**

• BWCM No. _____

(Certification of Completion/County Permit)

Control Board
11143
North Hamilton St.
Richmond, Va. 23230

County/City Stafford

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

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

Permit issued to: John & Barbara Allwein County/City Stamp: _____
Owner: John Mc Vickaro
• Well Designation or Number Well Box 445L
Address 9987 Colthard Court Midland, Va 22728
Marion, Va. 22110
Phone 330-0801 752-7005
• Drilling Contractor John L. Danielson, Jr., Inc.
Address 4616 Hood Drive
Fredericksburg, Virginia 22401
Phone (703) 898-6025

For Office Use

Tax Map I.D. No. 24A-4B-63
Subdivision King's Grant
Section 4B
Block _____
Lot 63
Class Well I _____ II A _____
II B III A _____ III B _____
III C _____ III D _____ III E _____

WELL LOCATION: 2 1/2 (feet) S (direction) of abandonment 6155 614
and 2 (feet) W (direction) of 615 (Lady Jane Lane)
(If possible please include map showing location marked)

Date started 3/28/90 • Date completed 4/4/90 Type rig rotary

WELL DATA: New Heworked _____ Deepened _____

• Total depth 460 ft.
• Depth to bedrock 60 ft.
• Hole size (Also include reamed zones)
• 10 inches from 90 to 99 ft.
• 6 1/2 inches from 99 to 460 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6 1/4 inches from +1 to 99 ft.
Material P.V.C.
Wt. per foot _____ or wall thickness SDR 27 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.

Approximate Drawdown 380 feet.

2. WATER DATA • Water temperature _____
• Static water level (unpumped level measured) _____
• Stabilized measured pumping water level 60
• Stabilized yield 3 gpm after 1 hour
Natural Flow: Yes _____ No Flow rate _____
Comment on quality _____

3. WATER ZONES: From _____ To _____
From 380 To 385 From _____ To _____
From 440 To 445 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 cap _____ 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 _____

ABANDONMENT (where applicable) • yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____
Pump installed through _____

Grout 0 to 50 ft. Type Pressure Grouting
Next Cement
4/5/90
Applied Abandonment Cap
Supplied with grout @ a grade d/c.

OVER

Judd M. Vickars
Owner

Kings Grant # 63
Stafford # 615 (Lady Jane Lake)

State Department of Health
 177 State Street
 Raleigh, N.C. 27601

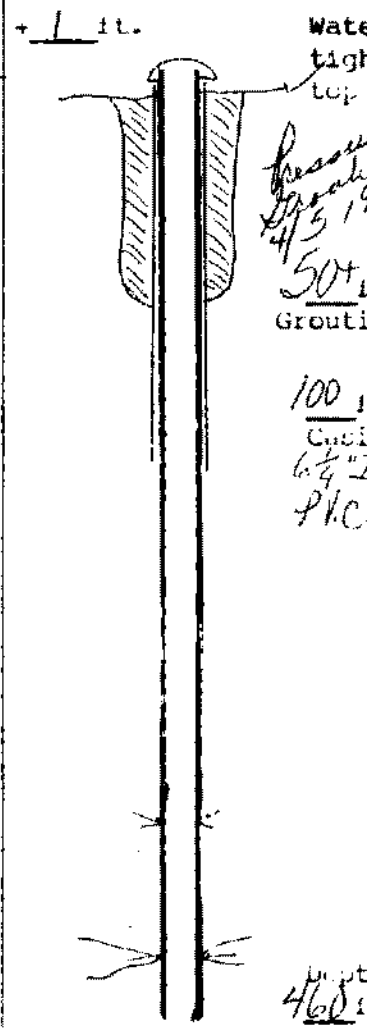
9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on stand-by, or intended for future use. Information required includes: an accurately and completely prepared water well completion report, full data from any geophysical logs, cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. 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, casing, cavities, broken, core, shot, (etc.))
From	To		
0	10	Red clay	
10	60	Brown shale	
60	100	Broken rock	
100	210	granite - Light grey	
210	285	- dark grey	
285	360	- Light grey	
360	410	- dark grey	
410	460	- Light grey	

Approximate
Water zones
380 to 385
and
440 to 445

11. Not To Scale
12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)



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.

- 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
5312 Peters Creek Road
Henrico, Va. 24019
708-982-7432
 - 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

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 Judd M. Vickars (Seal), Date 4/5/90
 License No. _____