

Commonwealth of Virginia

Uniform Water Well Completion Report

25C-3-55

Forest Grove, Va 22508-9772-2736
0671
Owner For Sale
Address _____
Phone _____
Location Blake Farms/sect 3-Lot 55

Report originally prepared by:
Ross Bricker Builders Inc
P.O. Box 352
Hammermill, Va 22463
659-7778

Tax Map ID 25-49-3-55
VDH Permit 189-89-307
VWCB Permit _____
VWCB ID _____
County Stafford
2/12/90
2/26/90 R.M. Deal Richard Smith

Well Classification IIIA _____ IIIB IIIC _____ IV _____
* Well Data *

General Information

Drilling Method Air Rotary
Depth to Bedrock 84'
Static Water Level 20'
Well Disinfected (Y or N) _____

Date Completed 11/4/93
Yield 20 (GPM)
Stabilized Water Level 70'
Disinfectant Used _____

Total Depth of Well 140'
Length of Test 1 Hr.
Natural Flow (Rate) _____
Amount Used _____

Casing

From +1 To 84
Size 6 3/4" Material P.V.C.
Weight/Schedule SDR 27

From 80 To 100
Size 4" Material P.V.C.
Weight/Schedule Sch. 40

From 120 To 140
Size 4" Material P.V.C.
Weight/Schedule Sch. 40

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Hole size

11 3/4" from 0 to 55 ft.

7 7/8" from 55 to 84 ft.

6 1/2" from 84 to 140 ft.

Grout
From 0 To 50'
Bore Hole Size 10 1/4" 11/4"
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 100 To 120
Mesh Size .020 Diam 4" (P.V.C.)
From _____ To _____
Mesh Size _____ Diam _____

approx water zone
From 116 To 117
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. 90' ft.
you will encounter 4" casing @ approx 80 ft.
Suggest keeping torque arrestors & centralizers out of 4" casing.

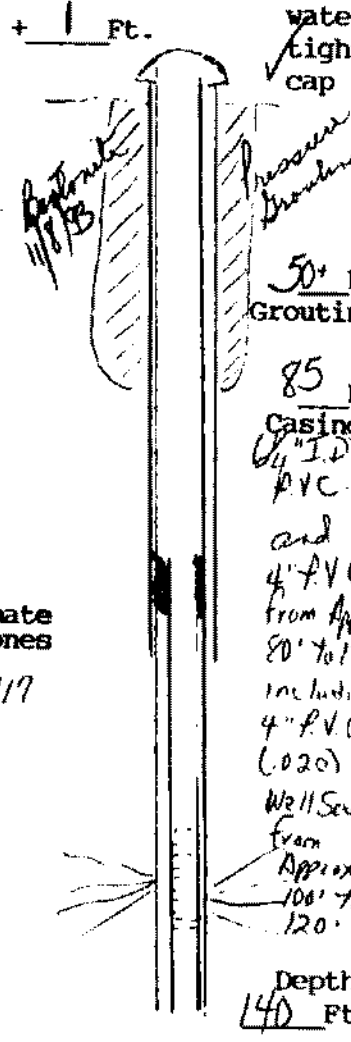
Bulet Williams / Williamscraft
 For Sale
Blake Farm # 55
Stefford 649 * Drillers Log *

Department of Health
 Department of Health

Depth Description of Formation or Sediment Remarks

0	10	Red Clay	Set 4" P.V.C casing and screens due to soft areas in the formation
10	30	Micaceous formation / Red	
30	60	Micaceous formation / Brown	
60	84	Brown Shale	
84	140	Blue Granite	

DIAGRAM (NOT TO SCALE)



Approximate Water Zones
 116 to 119

(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

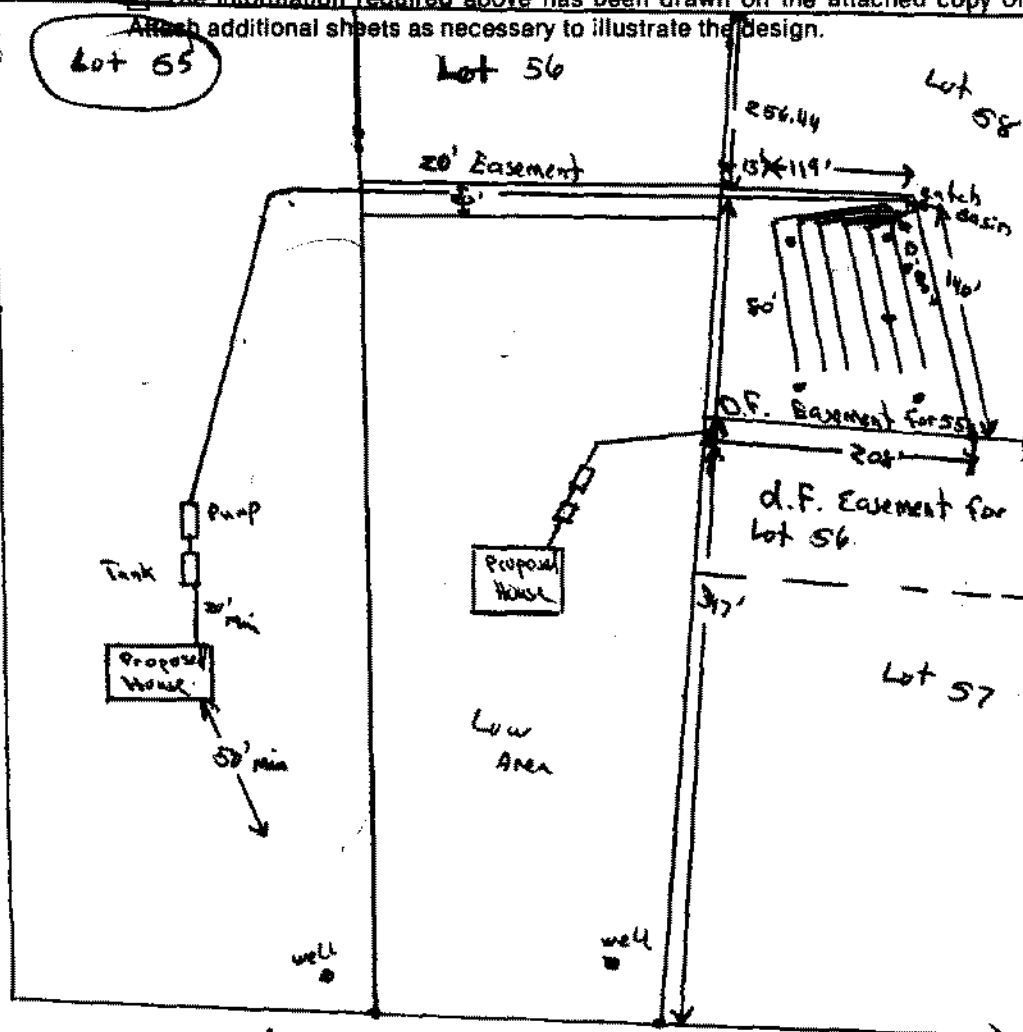
Drillers Signature [Signature]
 Date 11/8/93 Representing JOHN L. DANIELSON, JR., INC.

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

Schematic drawing of sewage disposal system and topographic features.

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot show all sources of pollution within 100 feet.

The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design. Drawing not to scale.



- * Permit void if house location interferes with proposed drainfield location.
- * Drainfield to be 100'+ from all Class III wells and 50'+ from all Class II wells.
- * Remove all trees within 10' of drainfield.
- * Install (6) 80' lines in 36" wide ditches following land contours.
- * Install septic tank and distribution box with 18 to 24" maximum cover.
- * Install ditches 48" deep.
- * Follow OSHA Codes.
- * Header lines to extend 24" into ditches.
- * Place untreated building paper over gravel in ditches.
- * Designed for basement plumbing? Yes No
- * Pump septic tank every 3 to 5 years.
- * Keep driveway off drainfield system.
- * Divert roof drains away from drainfield.
- * Install Class II well 50' from all sources of contamination.
- * Well shall not be located in a low area.
- *** PUMP SYSTEM REQUIREMENTS ***
- * Install check valve at pump and elbow in basin.
- * Pump to deliver 192 gallons per cycle (12.5" drawdown for a 750 gallon tank).
- * Install alarm panel with audio and visual signals in dwelling.
- * Contractor to supply pump specifications.
- * Building inspector to check all wiring.
- * Sanitarian to observe pump operation.
- * Well curbing to be used for catch basin.

The sewage disposal system is to be constructed as specified by the permit or attached plans and specifications .

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: Feb 12, 1990 Issued by: [Signature]
 Date: 2-26-90 Reviewed by: [Signature]
 Sanitarian
 Supervisory Sanitarian

This Construction Permit Valid until Aug 1994

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian _____ Regional Sanitarian _____