

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

Certification of Completion/County Permit

W. B. Brubaker
 P. O. Box 352
 Harrisonville, Va.
 22463
 651-7998
 County/City Stamp

BWCM No.

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

County/City *Stafford*

- Virginia Plane Coordinates
 - N _____
 - E _____
 - Latitude & Longitude _____
 - N _____
 - W _____
- Topo Map No. *183A*
- Elevation _____ ft.
- Formation _____
- Lithology _____
- River Basin _____
- Province _____
- Type Logs *D. L.*
- Cuttings *N. A.*
- Water Analysis _____
- Aquifer Test _____

• Owner _____
 • Well Designation or Number _____
 Address _____
 Phone _____
 • Drilling Contractor *John L. Danielson, Jr., Inc.*
 Address *4616 Hood Drive*
Fredericksburg, Virginia 22401
 Phone *(703) 898-6025*

189-89-310 *1/4/89* *Richard Smith*
 Tax Map I.D. No. *25-49-3-58*
 Subdivision *Blake Farm*
 Section *3*
 Block *25C-3-58*
 Lot *58*
 Class Well I _____ IIA _____
 IIB IIB _____ IIB _____
 IIC _____ IID _____ IIE _____

WELL LOCATION: *1* (feet/miles) *W* (direction) of *Intersection 649 & 612*
 and *3/10* feet/miles *N* (direction) of *649*
 (If possible please include map showing location marked)

Date started *6/11/90* • Date completed *6/11/90* Type rig *ALL ROUGH*

WELL DATA. New Reworked _____ Deepened _____

• Total depth _____ *180* ft
 • Depth to bedrock _____ *55* ft
 • Hole size (Also include reamed zones)
 • *10* inches from *0* to *115* ft
 • *6 1/2* inches from *115* to *180* ft
 • _____ inches from _____ to _____ ft
 • Casing size (I.D.) and material
 • *6 1/2* inches from *71* to *115* ft
 Material *PVC*
 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 _____

approximate drawdown *110* feet.
 2. WATER DATA • Water temperature _____
 • Static water level (unpumped level measured) *30*
 • Stabilized measured pumping water level *140*
 • Stabilized yield *20* gpm after _____
 Natural Flow Yes _____ No Flow rate _____
 Comment on quality _____

3. WATER ZONES: From *120* To *125*
 From *170* To *175* 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 _____

• Gravel pack
 • From _____ to _____ ft.
 • From _____ to _____ ft.
 • Grout
 • From *0* to *50* ft. Type *Pressure Grouting*
 • From _____ to _____ ft. Type *Neat Cement*
Installed watertight cap.
Suggest selling pump @ approx 160'
 OVER

Sheet 649

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill 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) | | | | 11. | 12. DIAGRAM OF WELL CONSTRUCTION (with dimensions) |
|-------------------------------------------------------|-----|--------------------------------------------------------------------|------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEPTH (feet) | | TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.) | REMARKS (water, caving, cavities, broken, core, shot, (etc.)) | Drilling Time (Min.) | |
| From | To | | | | |
| 0 | 10 | Red clay | | | <p>1 ft.</p> <p>Water tight top</p> <p>6" dia. casing</p> <p>25' dia. casing</p> <p>30' dia. casing</p> <p>Grout</p> <p>11 1/2" dia. casing</p> <p>6 1/2" I.D.</p> <p>AVC</p> <p>Depth 180'</p> |
| 10 | 55 | Micaceous formation brown | | | |
| 55 | 115 | Broken rock | | | |
| 115 | 130 | Light grey rock | | | |
| 130 | 180 | Dark grey rock | | | |
| | | | Approximate Water zones 120 to 125 and 170 to 175 | | |

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
Roanoke, Va. 24019
703-982-7432

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 _____

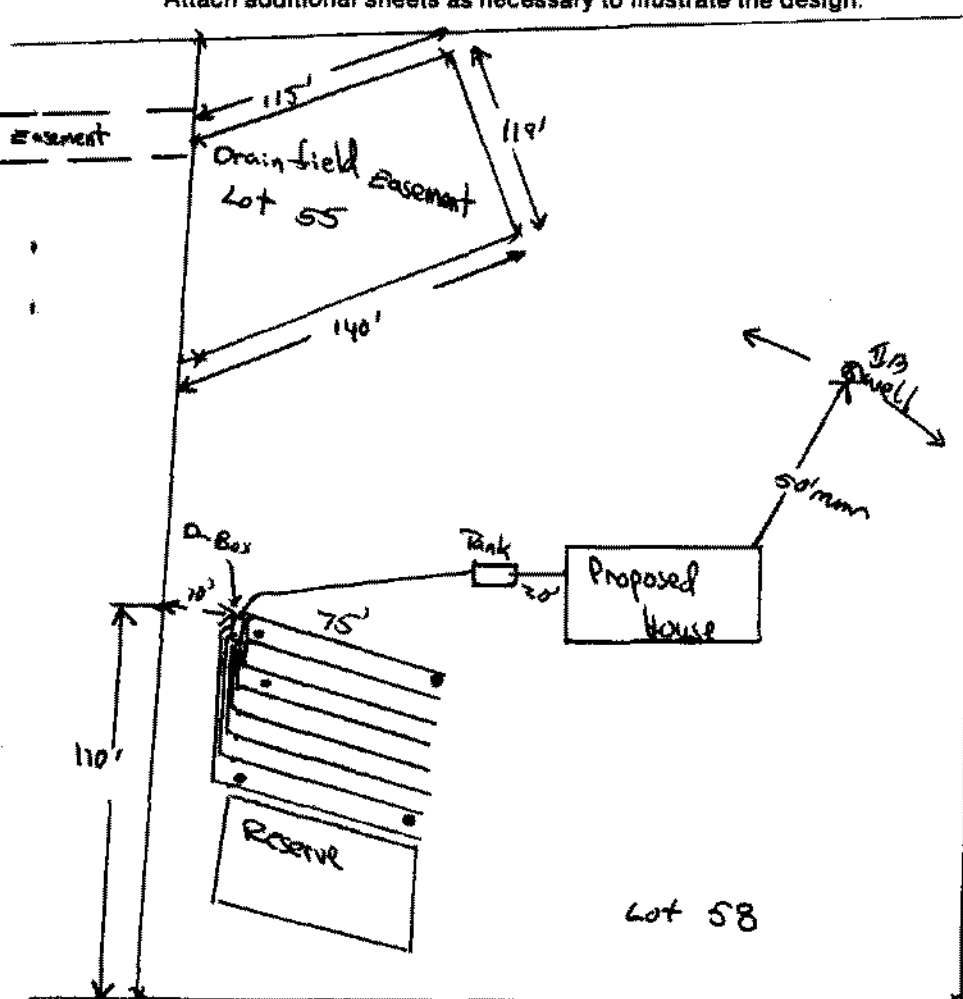
15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature *James H. Donahue* Date 6/12/90
 (Well driller or authorized person) License No. _____

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. ⁵⁸
- * 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 (2) ~~2 1/2~~ ³ lines in 36" wide ditches following land contours.
- * Install septic tank and distribution box with 18 to 24" maximum cover.
- * Install ditches 45" 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 3 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 _____ gallons per cycle (_____ " drawdown for a _____ 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: Dec. 26, 1989 Issued by: [Signature] Sanitarian

Date: 12-28-89 Reviewed by: [Signature] Supervisory Sanitarian

This Construction Permit Valid until June 1993

If FHA or VA financing

Reviewed by Date _____ Date _____

C.H.S. 202B Revised 6/84 Supervisory Sanitarian Regional Sanitarian