

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner MARLON MARCHIAFAVA
Address 806 Wilkinson Dr./Apt 102
Leesburg, VA 22075
Phone _____
Location Lot #3 Blake Farm

Tax Map ID 25C+13
VDH Permit SWD-94-372
VWCB Permit _____
VWCB ID _____
County Stafford

* Well Data *

General Information

Drilling Method Air Rotary
Depth to Bedrock 70
Static Water Level 50'
Well Disinfected (Y or N) Y

Date Completed 3-17-95
Yield 18 (GPM)
Stabilized Water Level _____
Disinfectant Used Gran chlor

Total Depth of Well 305 ft
Length of Test 2 hr
Natural Flow (Rate) _____
Amount Used 1 cup

Casing

From +1 To 130
Size 6" Material steel
Weight/Schedule 188

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack

From 130 To 50

From _____ To _____

From _____ To _____

Grout

From 50 To 0
Bore Hole Size 19"
Type Heat
Method Pressure

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

From 145 To 150
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From 175 To 180
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From 285 To 290
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: _____

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0-20	Clay	Brown
20-70	Clay	Red/brown
70-130	Clay/Rock	Brown shale w/ voids
130-305	Rock	Granite w/soft voids

(Use 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 Van's Const. Co., Inc.
Address PO Box 3306
Fredericksburg, VA 22402
Phone 373-7502
Drillers Signature Bill Van Hay
Date 3-17-95 Representing Van's Const. Co., Inc.
Virginia Contractors License Number 2701-018610A