

Edge Dumbars

Commonwealth of Virginia Uniform Water Well Completion Report

1-783-590-0809

26F-24

Owner David Lotta
Address _____

Tax Map ID 26F-24?
VDH Permit SW-9F-131

Phone 1-202-482-2616
Location Cannon Kroll #24 / #662

VWCB Permit _____
VWCB ID _____
County Stafford

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

6/10/94 Rob Snydman
6/10/94 J J Thompson

General Information

Drilling Method Air Rotary
Depth to Bedrock 40
Static Water Level approx 40'
Well Disinfected (Y or N) _____

Date Completed 1/12/95
Yield 8 (GPM)
Stabilized Water Level approx 180'
Disinfectant Used _____

Total Depth of Well 260
Length of Test approx 1 hr
Natural Flow (Rate) _____
Amount Used _____

Casing

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

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

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

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Hole size

" from _____ to _____ ft.

" from _____ to _____ ft.

" from _____ to _____ ft.

Grout

From 0 To 50'
Bore Hole Size 10"
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 160 To 161
Mesh Size _____ Diam _____
From 240 To 241
Mesh Size _____ Diam _____

From _____ To _____
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 _____

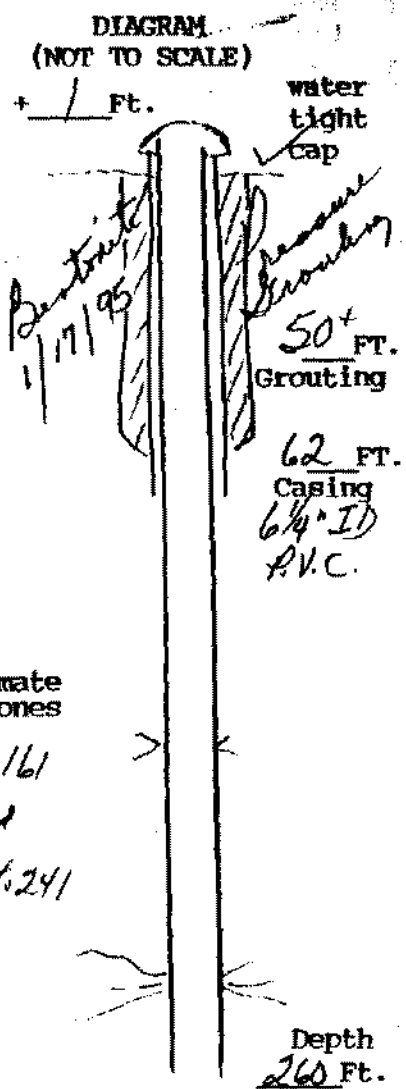
Method of permanently marking location: _____

Installed watertight top
Suggest setting pump @ approx. 200 ft.
942764
M. Carver

Bob Mason / Straight Edge Blades
 Carson Knolls #24
 David Latta #662
 Stafford #662

Drillers Log

Depth	Description of Formation or Sediment	Remarks
0	10	Red Clay
10	40	Brown Clay
40	260	Light Grey Rock



Approximate Water Zones

1687.161
 and
 2407.241



(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 1/17/95 Representing JOHN L. DANIELSON, JR., INC.
 Virginia Contractors License Number CLASS A 2701 014084A H/H WVC