

Commonwealth of Virginia
Uniform Water Well Completion Report



Owner Barbara Thomas
Address 607 Haulway Pl. Fibers VA
Phone _____
Location Walden Ten Lot # 3

Tax Map ID 26D-3
VDH Permit SWP-00-258
VWCB Permit _____
VWCB ID _____
County Stafford

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

General Information

Drilling Method Air Rotary
Depth to Bedrock 30'
Static Water Level 30'
Well Disinfected (Y or N) N

Date Completed: 5/18/01
Yield 50+ (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 160'
Length of Test 1 hr.
Natural Flow (Rate) N
Amount Used _____

Casing

From +1 1/2' To 163 1/2'
Size 1 1/4" ID Material PVC
Weight/Schedule 3.441 lb per ft. 250 WALL

(60'-80') (140'-160')
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.

Drill

From 6 3/4' To 0
Bore Hole Size 10" x 6 3/4"
Type Bentonite E-2 seal
Method pressure grout from bottom to top

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

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

Water Zones or Screened Intervals

From 80' To 140'
Mesh Size 20 Diam 4 1/2"
From _____ To _____
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 Dig Wells

Casing Removed Y or N? _____
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 _____

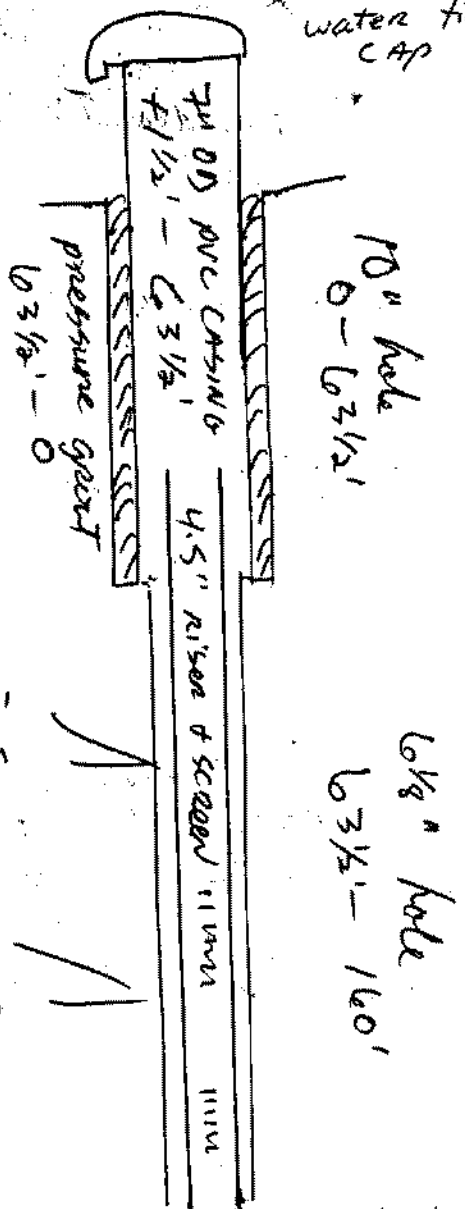
Method of permanently marking location: _____

Installed watertight top

Depth

Description of Formation or Sediment

0	10'	Brown sandy clay
10'	30'	TAN sandy clay
30'	50'	brown soft rock
50'	65'	med. hard grey rock
65'	80'	hard grey granite
80'	85'	brown sand
85'	140'	grey granite



100' - 105'
20+ GPM

130' - 135'
30+ GPM

(User additional Sheets if necessary)

I hereby certify the information contained here is true and that this well was installed and constructed in accordance with the permit and that the well complies with all applicable state and local regulations, ordinances and laws.

Company ARTESIAN WATER WELLS, INC.
 Address 11412 GORDON RD
F. BURG VA 22407
 Phone (540) 785-8163

Operator Signature Wade N. [Signature]
 Date 5/18/01 Representing A. W. W. J.

Professional License Number 2705-04612