

**Commonwealth of Virginia
Uniform Water Well Completion Report**

Owner Roberts, Karen
 Address P.O. Box 5063
 Phone 540-845-5221
 Location Paplar Rd

Tax Map ID 26-37
 VDM Permit SWP 01-239
 VWCS Permit _____
 VWCS ID _____
 County Stafford

* Well Data *

General Information
 Drilling Method Rotary
 Depth to Bedrock 21
 Static Water Level 35
 Well Disinfected (Y or N) (Y)

Date Completed 5-16-02
 Yield 8 (GPM)
 Stabilized Water Level _____
 Disinfectant Used _____

Total Depth of Well 425
 Length of Test 1 hr
 Natural Flow (Rate) 8 gpm
 Amount Used _____

Casing
 From 0 To 64
 Size 6 1/2 Material PVC
 Weight/Schedule 40

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

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

Gravel Pack
 From _____ To N/A

From _____ To _____

From _____ To _____

Grout
 From 0 To 10
 Bore Hole Size 10 in
 Type Part Sand / RETICENT
 Method PRESSURE

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

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

Water Zones or Screened Intervals
 From _____ To 40.4
 Mesh Size _____ Diam _____
 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 Dug Wells
 Casing Removed, Y or N? _____
 If Y, Depth to which casing was removed: _____
 Depth and Type of Fill: _____
 Source of Fill: _____
 Benches 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(s): _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

Method of permanently marking location: _____

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0-6	Red Soil	
6-11	Brown soil	
11-18	orange soil	
18-21	Tan soil	
21-425	Blue Rock	

(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 Diamond Well Drilling
 Address 7500 Auser Road
Fredericksburg Virginia
 Phone 540-586-7373

Drillers Signature Donna Pender
 Date 5-16-02 Representing Diamond Well Drilling

Virginia Contractors License Number 2705 009990A