

O. Bryant
Commi. of Virginia Inc
P.O. Box 3945 - College Station
Fredericksburg, Va. 22402
786-2100 Fax 798-2293

Commonwealth of Virginia
Uniform Water Well Completion Report

Permit issued to Wood Hospital
Address P.O. Box 1209
Spotsylvania
582-5005

Tax Map ID 26F-18
VDH Permit WS-94-11
VWCB Permit _____
VWCB ID _____
County STAFFORD

Location Casson Knolls # 18 / 662 Near Est. 70
On the Transit Park
Classification IIIA IIIB IIIC IV

* Well Data *

SFF

Well Information
Drilling Method Air Rotary
Depth to Bedrock 70
Water Level 40'
Disinfected (Y or N) _____

Date Completed 8/9/94
Yield 12 (GPM)
Stabilized Water Level 160
Disinfectant Used _____

Total Depth of Well 200
Length of Test 1 Hr
Natural Flow (Rate) _____
Amount Used _____

Casing
From +1 To 70
Material P.V.C.
Schedule SR27

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

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

Well Pack
From _____ To _____
Gravel size _____
From 0 to 60 ft.
Gravel size _____
From 0 To 50+
Gravel Size 10"
Material Bentonite
Method Pressure Grouting

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

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

Water Zones or Screened Intervals
From 181 To 182
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 *

Well Type: Domestic Agricultural _____ Industrial _____ Monitoring _____
Well Type: Community _____ Non Community _____

* Abandonment Information *

Bored or Dug 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 _____

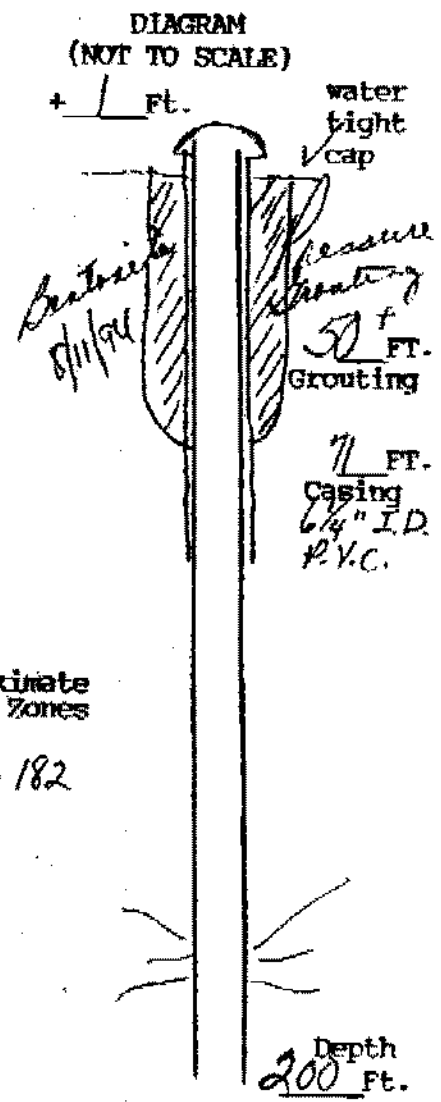
Wells other than Bored Wells
Casing removed, Y or N? _____
Depth to which casing was removed: _____
Applicable, depth(s), and type of gravel/sand fill: _____
Source of gravel or sand: _____
Cement: From _____ to _____ From _____ to _____

Method of permanently marking location:
 Installed watertight top
Best setting pump @ approx. 180 ft.

State of Virginia
 Cannon Knolls #18
 Stafford #662
 Near Entrance to Curtis Memorial Park
 Drillers Log

Depth Description of Formation or Sediment Remarks

0	10	Red Clay
	30	Micaceous formation / Red
30	60	Micaceous formation / Brown
60	90	Soft Brown Shale
90	200	Grey Granite



Approximate Water Zones
 181 to 182

(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 8/11/91 Representing JOHN L. DANIELSON, JR., INC.
 Virginia Contractors License Number CLASS A 2701 014084A E/H WWC