

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

Owner Jerome Walding
 Address 2552, Ince Avenue Drive
Woodbridge, Va. 22192
 Phone H 703-497-0561 O. 703-604-5223
 Location Jakeland Court #21 @ Long Branch Lane & Lakehurst Rd.
185C
 Well Classification IIIA IIIB IIIC IV

Tax Map ID 27A-21
 VDH Permit SWP-96-02
 VWCB Permit _____
 VWCB ID _____
 County STAFFORD
1/22/96 Ann B. Wright

* Well Data *

SFF

General Information

Drilling Method 240
 Depth to Bedrock 68
 Static Water Level 40'
 Well Disinfected (Y or N) _____

Date Completed 4/17/96
 Yield 15 (GPM)
 Stabilized Water Level 180'
 Disinfectant Used _____

Total Depth of Well 240'
 Length of Test approx 1 Hr
 Natural Flow (Rate) _____
 Amount Used _____

Casing

From 1 To 68
 Size 6 1/2" 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

10" From 0 to 50ft.

7 7/8" From 50 to 68ft.

6 1/2" From 68 to 240ft.

Grout

From 0 To 50' 4 1/8"

From _____ To _____

From _____ To _____

Bore Hole Size

10

Bore Hole Size

Bore Hole Size

Type

Bentonite

Type

Type

Method

Tremie Grouting

Method

Method

Water Zones or Screened Intervals

From 230 To 231

From _____ To _____

From _____ To _____

Mesh Size _____ Diam _____

Mesh Size _____ Diam _____

Mesh Size _____ Diam _____

From _____ To _____

From _____ To _____

From _____ To _____

Mesh Size _____ Diam _____

Mesh Size _____ Diam _____

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:

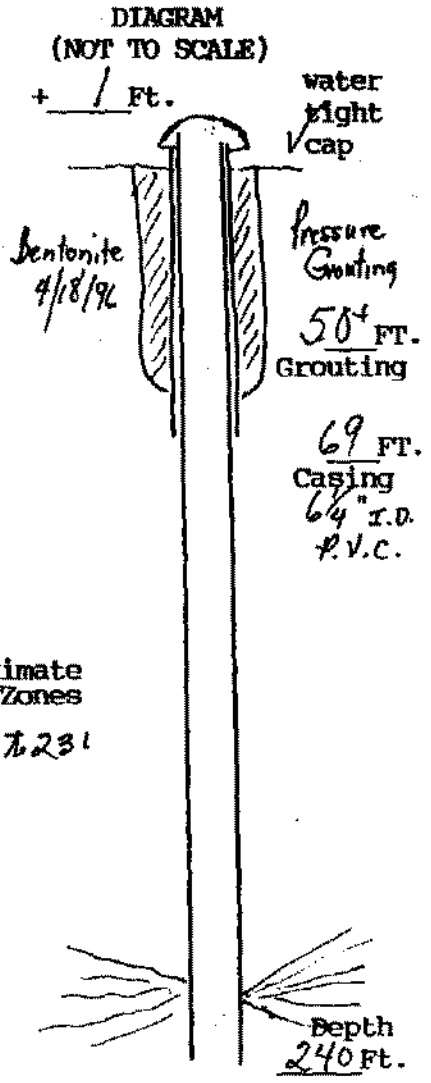
Installed watertight top
 Suggest setting pump @ approx. 200 ft.

Commonwealth of Virginia
State Department of Health

Jerome Walding
Lakeland Trust #21
Stafford

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0	10	Sandy Red Clay
10	30	Mucaceous Formation / Red
30	50	Mucaceous Formation / Brown
50	68	Brown Shale
68	240	Blue Granite



Approximate
Water Zones
230 to 231

(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 540 (303) 898-6025 / 898-9355

Drillers Signature [Signature]
Date 4/18/96 Representing JOHN L. DANIELSON, JR., INC.

Virginia Contractors License Number CLASS A 2701 014084A H/H WNC