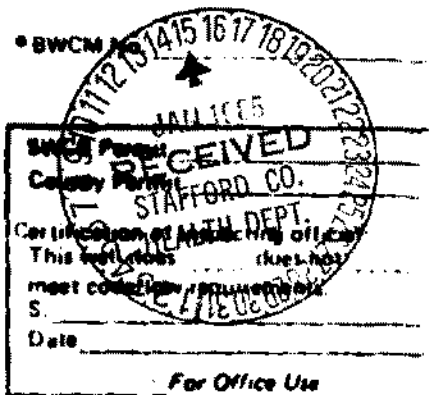


COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT
 (Certification of Completion/County Permit)



State Board of Health
 Department of Health
 1000 North Washington St.
 Richmond, Va. 23260

County/City Stafford

Ted F. Limbrick
Heritage Enterprises
Route 4 Box 3316
Fredericksburg Va. 22

County/City Stamp

Virginia Phone Coordinates
 N _____
 E _____
 Latitude & Longitude
 N _____
 W _____
 Tape Map No. 182 B
 Elevation _____ ft.
 Formation _____
 Lithology _____
 River Basin _____
 Province _____
 Type Logs Do Lo
 Cuttings No As
 Water Analysis _____
 Aquifer Test _____

Owner Breg Cox
 Well Designation or Number _____
 Address _____
 Phone _____
 Drilling Contractor John L. Davidson, Jr., Inc.
 Address 4616 Hood Drive
Fredericksburg, Virginia 22401
 Phone (703) 898-6025

For Office Use
Stafford 50-84-203
 Tax Map I.D. No. _____
 Subdivision 28-44-1
 Section _____
 Block _____
 Lot _____
 Class Well I _____ IIA _____
 IIB _____ IIIA IIIB _____
 IIIC _____ IIID _____ IIIE _____

WELL LOCATION: 1 (quarter/miles N direction) of Int. 627 + 651
 and _____ (feet/miles _____) (direction) of E side of Rt. 627
 (If possible please include map showing location marked)

Date started 12-14-84 Date completed 12-17-84 Type rig Air Rotary

WELL DATA: New Reworked _____ Deepened _____

* Total depth 245 ft.
 * Depth to bedrock 86 ft.
 * Hole size (Also include reamed zones)
 • 10 1/2 inches from 0 to 87 ft.
 • 6 inches from 87 to 245 ft.
 • _____ inches from _____ to _____ ft.
 Casing size (I.D.) and material
 • 6 1/4 inches from +1 to 87 ft.
 Material Black Steel
 Wt per foot 131 or wall thickness 1.88 in.
 • _____ inches from _____ to _____ ft.
 Material _____
 Wt per foot _____ or wall thickness _____ in.
 • _____ inches from _____ to _____ ft.
 Material _____
 Wt per foot _____ or wall thickness _____ in.
 Screen size and mesh for each zone (where applicable)
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 Gravel pack 14 Bags
 * From _____ to _____ ft.
 * From _____ to _____ ft.
 Grout 12/18/84
 * From 0 to 20 ft. Type Neat Cement
 * From _____ to _____ ft. Type _____

Approximate Drawdown 100 feet

2. WATER DATA * Water temperature _____
 * Static water level (unpumped level measured) 25
 * Stabilized measured pumping water level 125
 * Stabilized yield 4 gpm after 1 hr.
 Natural Flow Yes _____ No flow rate _____
 Comment on quality _____
 3. WATER ZONES: From 102 To 104
 From 228 To 230 From _____ To _____
 From _____ To _____ From _____ To _____
 4. USE DATA:
 Type of use: Drinking Livestock Watering _____
 Irrigation _____ Food processing _____ Household
 Manufacturing _____ Fire safety _____ Cleaning _____
 Recreation _____ Aesthetic _____ Cooling or heating _____
 Injection _____ Other _____
 * Type of facility: Domestic Public water supply _____
 Public institution _____ Farm _____ Industry _____
 Commercial _____ Other _____
 5. PUMP DATA: Type _____ * Rated H.P. _____
 * Intake depth _____ * Capacity _____ at _____ head
 6. WELLHEAD: Type well seal _____
 Pressure tank _____ gal. Loc. _____
 Sample tap _____ Measurement port _____
 Well vent _____ Pressure relief valve _____
 Gate valve _____ Check valve (when required) _____
 Electrical disconnect switch on power supply _____
 7. DISINFECTION: Well disinfected _____ yes _____ no _____
 Date _____ Disinfectant used _____
 Amount _____ Hours used _____
 8. ABANDONMENT (where applicable) * yes _____ no _____
 Casing pulled yes _____ no _____ not applicable _____
 Plugging grout From _____ to _____ ft. material _____
 Pump installed through Heritage Enterprises

Wateright Top

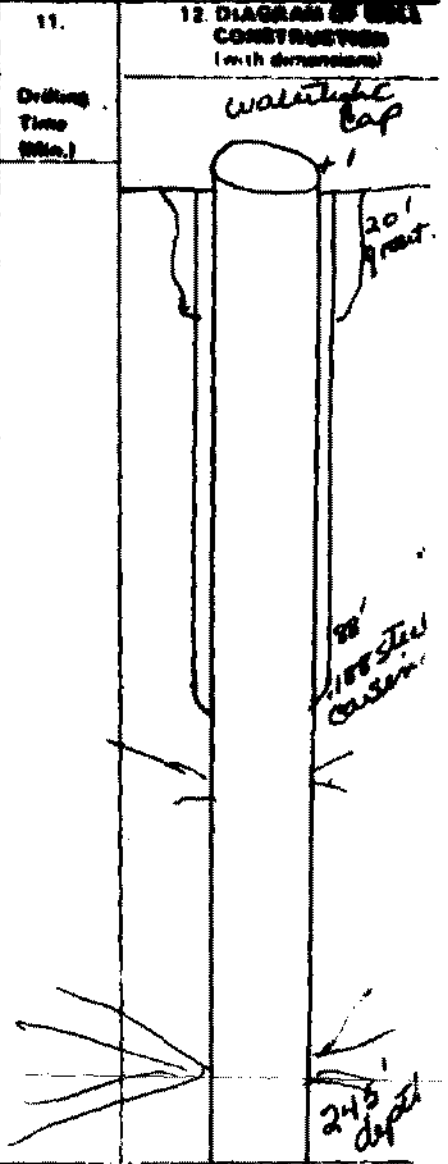
Owner: Ted Linback / Heritage Est. - raises
They are stopped # 127

9. State law requires submitting to the Virginia State Health Department information about groundwater and wells...
 information required...
 the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional sheets if necessary)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, casing, casing, broken, core, shot, etc.)
From	To		
0	10	Red Clay	
10	25	Brown Clay	
25	85	Brown Sandy Clay	
85	245	Granite	

Approx
Water zone
102'-104'
228'-230'



13. Well lot dedicated? _____ Size _____ ft. X _____ ft. Well house? _____
 Distance to nearest pollutant source _____ ft. Type _____
 Distance to nearest property line _____ ft. Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.o. for _____
 minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

State Water Control Board Regional Offices

- Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703 828 2595
- Southwest Reg. Off.
408 East Main Street
P. O. Box 476
Abingdon, Va. 24210
703 628 5183
- West Central Reg. Off.
Executive Park
5512 Peters Creek Road
Roanoke, Va. 24019
703 982 7452
- Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6616
Richmond, Va. 23250
804 257 1066
- Tidewater Reg. Off.
287 Pambrake Office Park
Suite 310 Pambrake No. 2
Va. Beach, Va. 23462
804 499 8742
- Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703 759 9111

15. I certify that the information contained herein is true and correct and that the well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or state, city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature: Jana N. Danielson Date: 12/18/84
 (Well-driller) (Licensed person) F.O. 12/18/84
 License No. _____