

Commonwealth of Virginia
Uniform Water Well Completion Report



Owner: Patricia Jasoda
Address: 1029 Cambridge St.
Fiber VA 22407
Phone: (540) 899-2623
Location: Embrey Est.

Tax Map ID: 28-37F
VDH Permit: SWP-01-314
VWCB Permit: _____
VWCB ID: _____
County: Stafford

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

General Information
Drilling Method: A/R Rotary
Depth to Bedrock: 45'
Static Water Level: 25'
Well Disinfected (Y or N): N

Date Completed: 7/3/01
Yield: 20+ (GPM)
Stabilized Water Level: _____
Disinfectant Used: _____

Total Depth of Well: 480'
Length of Test: 1 hr.
Natural Flow (Rate): N
Amount Used: _____

Casing: +1 1/2' to 68 1/2'
Size: 6 1/4" ID Material: PVC
Weight/Schedule: 3.491

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.

From: 68 1/2' to 0
Bore Hole Size: 10" x 68 1/2'
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: 365' to 367'
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From: 442' to 444'
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From: 475' to 476'
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 Cug Wells
Casing Removed (Y or N)? _____
Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill: _____
Business Days: 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

NOT TO SCALE

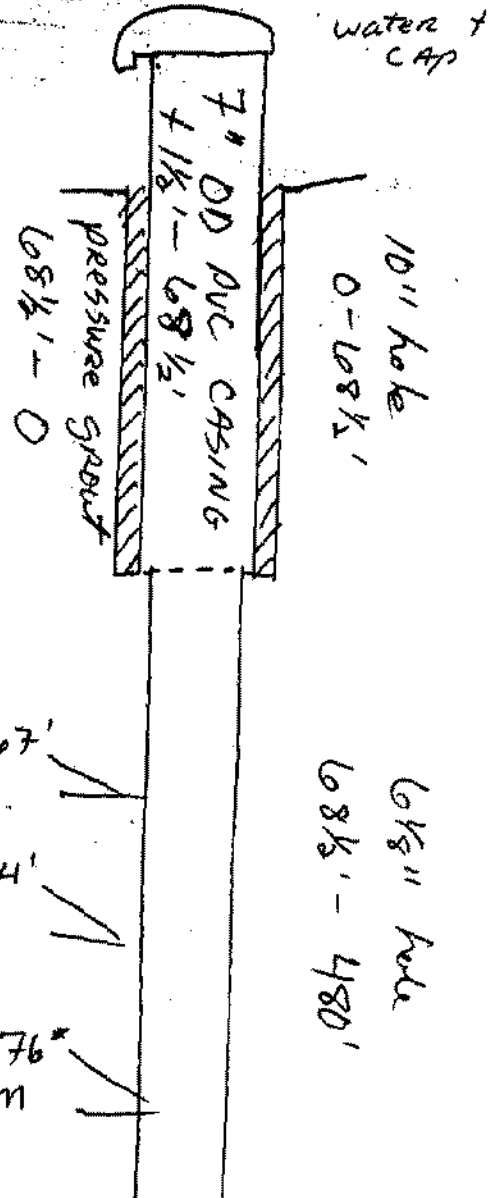
Drillers Log

Depth

Description of Formation or Sediment

Remarks

0	15'	Brown sandy clay
15'	20'	Brown tan sandy clay
20'	45'	Brown clay
45'	480'	Grey hard rock



365' - 367'
2 GPM

441' - 444'
2 GPM

475' - 476'
20+ GPM

(Use additional Sheets if necessary)

I hereby certify that 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) 285-8163

Operator: Walter A. Duff
 Date: 7/03/01 Representing: A. W. B. S.

Professional License Number: 2705-046112