

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

Owner Wesley Williams
 Address 65 McGregal Ridge Rd.
 Phone (540) 659-9810
 Location Lot #1 Twin Oaks

Tax Map ID 30 H-1
 VDH Permit W-99-586
 VWCB Permit _____
 VWCB ID _____
 County Stafford

* Well Data *

General Information

Drilling Method Air Rotary
 Depth to ~~Bedrock~~ Hard clay 75'
 Static Water Level 24'
 Well Disinfected (Y or N) N

Date Completed 8/10/99
 Yield 20+ (GPM)
 Stabilized Water Level _____
 Disinfectant Used _____

Total Depth of Well 140'
 Length of Test 1 hr.
 Natural Flow (Rate) N
 Amount Used _____

Casing

From +1 1/2' To 83 1/2'
 Size 6 1/4" ID Material PVC
 Weight/Schedule 3.491 # per ft.
.250 wall

From 490' To 40'
 Size 4.3" ID Material PVC
 Weight/Schedule 2.788
.291

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

Gravel Pack

From _____ To _____ From _____ To _____ From _____ To _____

Grout

From 80' To 0
 Bore Hole Size 10" x 8 3/4"
 Type Bentonite Grout from ground
 Method pressure Grout from bottom to top

From 83 1/2' To 80'
 Bore Hole Size 10" x 8 3/4"
 Type bedfill cuttings
 Method from machine

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

Water Zones or Screened Intervals

From 140' To 80'
 Mesh Size .20 Diam 4 1/2" (80)
 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 _____
 Bentonite Plugs: From _____ to _____ From _____ to _____

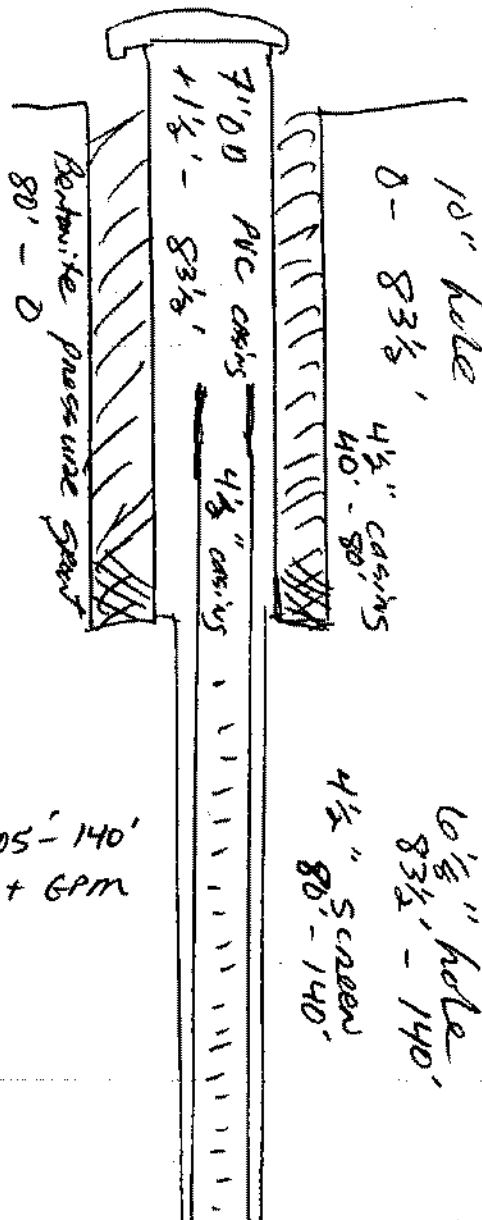
ARIZONIAN WATER WELLS, INC.
 Wells other than Bored Wells
 Casing removed, Y or N? _____
 Depth to which casing was removed: _____
 Applicable, depth(s), and type of gravel/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

Method of permanently marking location: _____

* Drillers Log *

Depth	Description of Formation or Sediment
0-75'	overburden
75'-105'	hard bluish-green clay
105'-140'	brown sand

Remarks



(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.

ARTESIAN WATER WELLS, INC.

Name 11412 GORDON RD.
 Address FREDERICKSBURG, VA 22407

Phone (540) 785-8163

Drillers Signature Wade M. Smith
 Date 8/14/09 Representing AWWT

Virginia Contractors License Number 2705-046112