

11:09PM FROM

P. 1

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

*SWCM NO. SWP00192
35E-4

State Water Control Board
P. O. Box 11163
2113 North Hamilton St.
Richmond, Va. 23238

County/City STAFFORD

County/City State

SWCM Permit
County Permit
Classification of inspecting official:
This well does <input type="checkbox"/> does not
meet applicable requirements
Date
For Office Use

Tax Map I.D. No. <u>35E-4</u>
Subdivision <u>SHILOH PT</u>
Section
Block
Lot <u>4</u>
Class. Map: 1 <input type="checkbox"/> 11A <input type="checkbox"/> 11B <input type="checkbox"/> 11C <input type="checkbox"/> 11D <input type="checkbox"/> 11E <input checked="" type="checkbox"/>

*Virginia Plane Coordinates

N _____

E _____

Latitude & Longitude

N _____

W _____

*Topo. Map No. _____

*Elevation _____ ft.

*Elevation _____

*Lithology _____

*River Basin _____

*Previous _____

*Type Log _____

*Contents _____

*Water Analysis _____

*Aquifer Test _____

*Owner Summers Home Builders

*Well Designation or Number SWP-00-192

Address P.O. Box 540 Rockingham Va

Phone (59-111)

*Drilling Contractor CURTIS BROS. DRILLING & PUMP SERVICE LLC

Address 1009 SUMNERDUCK RD.

SUMNERDUCK, VA 22742

Phone 540-439-8377

WELL LOCATION: _____ feet/miles _____ direction of _____
and _____ feet/miles _____ (direction of _____
(if possible please include map showing location marked)

Date started 1/9/01 * Date completed 1/9/01 Type of PIR

1. WELL DATA: New Reworked _____ Damaged _____

* Total depth 225 ft.

* Depth to bedrock 40 ft.

* Hole size (Also include reamed zones)

• 14 inches from 0 to 55 ft.

• 6 inches from 55 to 225 ft.

• _____ inches from _____ to _____ ft.

* Casing size (I.D.) and material

• 6 1/2 inches from 0 to 55 ft.

Material PLASTIC

Wt. per foot 4 or wall thickness 244 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 _____

* Grout pack

* From _____ to _____ ft.

* From _____ to _____ ft.

* Grout

* From 0 to 50 ft. Type PRESSURE

* From _____ to _____ ft. Type _____

2. WATER DATA * Water temperature _____ °F

* Static water level (unpumped level-measured) 30 ft.

* Stabilized measured pumping water level 224 ft.

* Stabilized yield 45 gpm after 1 hours

Natural Flow: Yes No Flow rate _____ gpm

Comment on quality _____

3. WATER ZONES: From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking Livestock Watering _____

Irrigation _____ Food processing _____ Household _____

Manufacturing _____ Fire spray _____ Cleaning _____

Recreation _____ Amusements _____ Cooling or heating _____

Injection _____ Other _____

* Type of facility: Domestic Public water supply _____

Public institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type _____ * Rated P.P. _____

* Inlet depth _____ * Capacity _____ or _____ head

6. WELLHEAD: Type well cap _____

Pressure tank _____ gal. Loc. _____

Sample cap _____ Measurement (P.P.T) _____

Well vent _____ Pressure relief valve _____

Gas valve _____ Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfectant _____ gal _____

Date _____ Disinfection used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) * Yes _____ No _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ reported _____

Owner Sunshine Homes

GWCM No. SWP 00192
35E-4

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt use. This information must be submitted whether the well is completed, an abandoned, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer sampling tests, drill cuttings taken at ten foot intervals during completion is required, the results of any chemical analysis, and copies of any geophysical logs. Quarterly sampling and test reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of 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, devices, broken, size, shot, loss.)
From	To		
0	40	Red soil	
40	225	Blue stone	

11. Drilling Time (mins.)

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

Well 225 FT
Casing 55 FT
Grout 50 FT
Water tight cap

13. Well for dedicated? _____ Size _____ ft. d. _____ ft. Well depth? _____
Distance to nearest polluting source _____ ft. Type _____
Distance to nearest property line _____ ft. Building _____ ft.

14. WATER SERVICE PIPE Cracked under _____ S.P. for _____
minutes. Pipe size _____ inches, Material _____
installer _____
Date _____

15. I certify that the information contained herein is true and correct and that this 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 independent city ordinances and the laws and rules of the Commonwealth of Virginia.

State Water Control Board Regional Offices

Valley Reg. Off.
118 North Main Street
P. O. Box 298
Staunton, Va. 22812
703-689-2599

Roanoke Reg. Off.
4619 West Broad Street
P. O. Box 6616
Richmond, Va. 23236
804-237-1006

Southwest Reg. Off.
488 East Main Street
P. O. Box 496
Abingdon, Va. 24210
703-426-3103

Tidewater Reg. Off.
207 Portlands Office Park
Suite 310 Portlands Ave. 2
Va. Beach, Va. 23462
804-498-8742

West Central Reg. Off.
Executive Park
3812 Peters Creek Road
Roanoke, Va. 24019
703-682-7432

Northern Virginia Reg. Off.
5513 Cherokee Avenue
Suite 484
Arlington, Va. 22212
703-750-9111

Signature [Signature] (Date) 01/19/01
Title [Title] or authorized person License No. 002422009