

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

1997 Copyright © Virginia Department of Water Resources

Ernest Grigsby & Cynthia Gilhausen (Ernest Grigsby Co's)
Colonial Dr. # 301
Stafford, Va.
703-497-9017
Sylvan Hills Ln.

Tax Map ID 36-61H
 VDH Permit SWP-00-139
 VWCB Permit _____
 VWCB ID _____
 County Stafford

* Well Data *

General Information

Drilling Method Mic Rotary
 Depth to Bedrock 18'
 Static Water Level 30'
 Well Disinfected (Y or N) N

Date Completed 8-11-2000
 Yield 1 (GPM)
 Stabilized Water Level N/A
 Disinfectant Used N/A

Total Depth of Well 480'
 Length of Test N/A
 Natural Flow (Rate) 1
 Amount Used N/A

Casing

From 41' To 56'
 Size 4 1/2" Material PVC
 Weight/Schedule Sch. 40

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

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

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Grout

From 0 To 50'
 Bore Hole Size 10"
 Type Bentonite
 Method Pressure

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

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

Water Zones or Screened Intervals

From 157 To 158
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From 400 To 420
 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 _____

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 *

	Description of Formation or Sediment	Remarks
0-5	Red Clay	Campbell P-6 Well cap
5-18	Shale	
18-35	Broken Granite	
35-480	Granite	

(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 MID VIRGINIA WATER WELLS
Address P.O. Box 838
MINERAL VA. 23117
Phone 540-894-8520

Drillers Signature Gregory L. Halfield
Date 8-11-2000 Representing M.V.W.W.

Virginia Contractors License Number 2705-054164