

Commonwealth of Virginia
Uniform Water Well Completion Report



Lot 45

Owner Piccard Dev. Group
Address 1300 Piccard Dr.
Rockville, MD
Phone (301) 948-9205
Location The Willows Sec. 4 Lot # 45

Tax Map ID 36B-4-45
VDH Permit SWP-00-270
VWCB Permit _____
VWCB ID _____
County Stafford

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

General Information
Drilling Method Air Rotary Date Completed 11/18/00 Total Depth of Well 280'
Depth to Bedrock 35' Yield 20+ (GPM) Length of Test 1 hr.
Static Water Level 30' Stabilized Water Level _____ Natural Flow (Rate) N
Well Disinfected (Y or N) N Disinfectant Used _____ Amount Used _____

Casing
From + 1 1/2' To 58 1/2' From _____ To _____
Size 6 1/4" ID Material PVC Size _____ Material _____
Weight/Schedule 3.491 # per ft. Weight/Schedule _____
, 250 wall

Gravel Pack
From _____ To _____ From _____ To _____ From _____ To _____
Hole size _____ " from _____ to _____ ft. _____ " from _____ to _____ ft. _____ " from _____ to _____ ft.
Grout
From 58 1/2' To 0 From _____ To _____
Bore Hole Size 10" x 58 1/2' Bore Hole Size _____ Bore Hole Size _____
Type BENONITE E-2 sand Type _____ Type _____
Method PRESSURE GROUT FROM Method _____ Method _____
bottom to top

Water Zones or Screened Intervals
From 153' To 155' From 266' To 268' From _____ To _____
Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ Mesh Size _____ Diam _____
From _____ To _____ From _____ To _____ From _____ To _____
Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ Mesh Size _____ Diam _____

* Use Data *

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____

* Abandonment Information *

Bored or Dig Wells
Casing Removed, Y or N? _____
If Y, Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill: _____
Benonite 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 _____

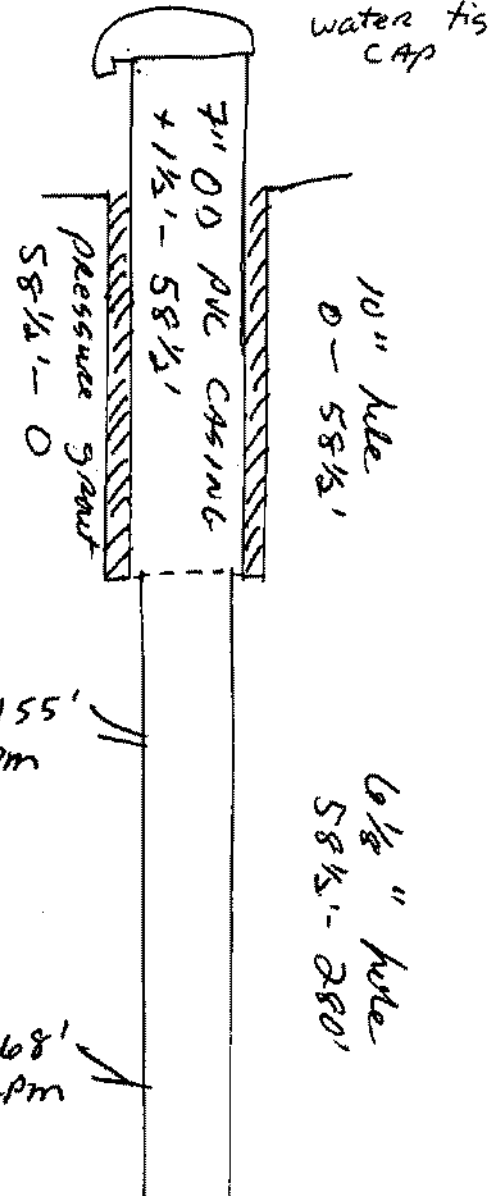
Method of permanently marking location:
 Installed watertight top

RECEIVED 11/14/2000

• Drillers Log •

NOT TO SCALE
Remarks

Depth	Description of Formation or Sediment
0 35'	ORANGE clay w/ some mica
35' 40'	soft brown rock
40' 266'	brownish / grey sed.imentary rock (hard)
266' 280'	grey hard rock



153'-155'
2 GPM

266'-268'
20+ GPM

(User 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.

Name ARTESIAN WATER WELLS, INC.
Address 11412 GORDON RD
FARGO IA 58107
Phone (505) 785-8163

Driller's Signature Wade A. Driffin
Date 11/18/00 Representing A.W.W.I.

Driller's License Number 2705-04612