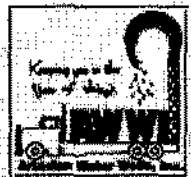


WATER WELL COMPLETION REPORT

(Certificate of Completion)



Office Building
 Office # _____
 Address 1300 Piccard Drive
 #205
 Rockville, MD 20850
 Phone 301.948.9208

PWS/ID # SWP 01-183
 Tax Map ID # 36B-5-62
 Subdivision Willows
 Section/Block 5
 Lot/GPIN # 62
 Long/Lat _____
 Class/Well IIIB

Drilling Contractor Artesian Water Wells, Inc
 Address 11412 Gordon Road
 Fredericksburg, VA 22407
 Phone (540) 785-8163

Well Location: _____ (feet/miles) _____ (direction) of _____ and
 _____ feet/miles _____ (direction) of _____
 (If possible please include map showing location marked)

Date Started 12-11-01 Date Completed 12-12-01 Type of Rig Air Rotary

1. Well Data:

New Rework Deepened

Total Depth 520 ft
 Depth to Bedrock 20 ft
 Hole size (Also include reamed zones)
 10 inches 0 to 62.5 ft
 6.125 inches 62.5 to 520 ft
 _____ inches _____ to _____ ft

Gravel Pack
 Size _____ From _____ to _____ ft
 Size _____ From _____ to _____ ft
 Grout
 From 62.5 to 0 ft. Type Bentonite
 From _____ to _____ ft. Type _____

Casing size (ID) and material
 6.25 inches +1.5 to 62.5 ft
 Material PVC
 Wt. per ft 3.491 or wall thickness .250 in
 _____ inches _____ to _____ ft
 Material _____
 Wt. per ft _____ or wall thickness _____ in
 _____ inches _____ to _____ ft
 Material _____
 Wt. per ft _____ or wall thickness _____ in

2. Water Data: Water Temperature _____
 Static water level (unpumped level-measured) 40 ft
 Stabilized measured pumping water level _____ ft
 Stabilized yield 3 gpm after 1 hours
 Natural Flow: Yes No Flow rate _____ gpm
 Comment on Quality Clear

Screen size and mesh for each zone (where applicable)
 _____ inches _____ to _____ ft
 Mesh size _____ Type _____
 _____ inches _____ to _____ ft
 Mesh size _____ Type _____
 _____ inches _____ to _____ ft
 Mesh size _____ Type _____

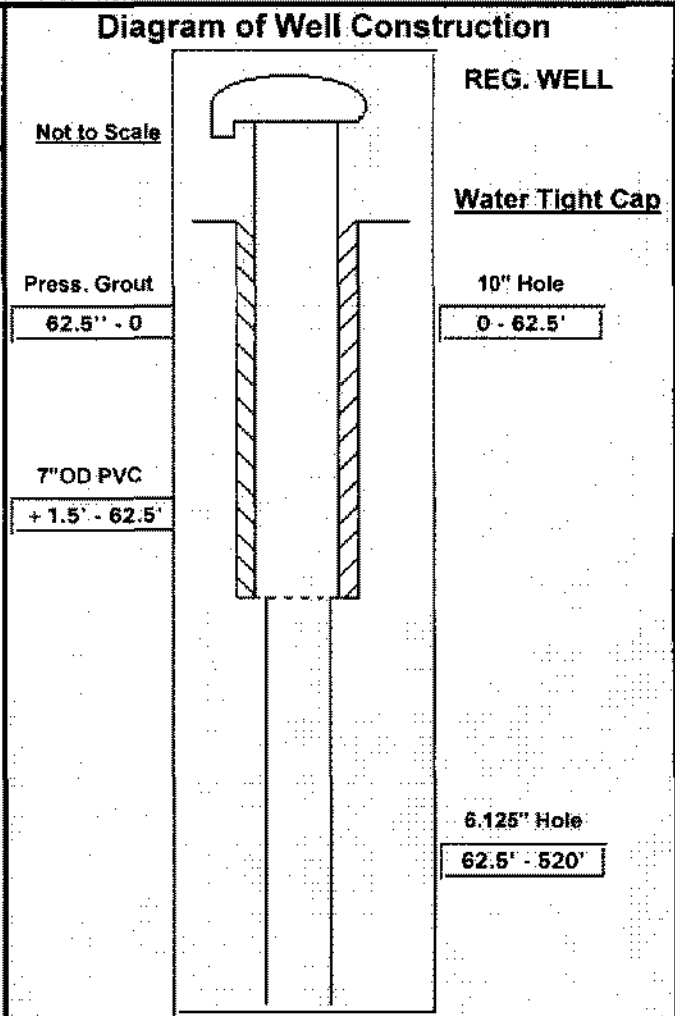
3. Water Zones: From 415 To 420
 From 495 To 500 From _____ To _____
4. Pump Data: Type _____ Rated H.P. _____
 Intake depth _____ Capacity _____ at _____ head
 Model No. _____

5. Disinfection: Well disinfected? Yes No
 Date _____ Disinfectant used _____
 Amount _____ Hours used _____

6. Abandonment: Date _____ Casing pulled _____
 Chlorinated well (explain method) _____
 Plugging grout From _____ to _____ material

(Additional Sheets If Necessary)

Depth (Feet)		Type of Rock or Soil (Color, Material, Fossils, Hardness, Etc.)	Remarks (Water, Caving, Cavities, Broken, Core, Shot, Etc.)
From	To		
0	10	Brown Sandy Clay	
10	20	Tan-Brown Sandy Clay	
20	520	Grey Granite	
415	420		Water @ 1 GPM
495	500		Water @ 2 GPM



8. Use Data

Type of use: Drinking Livestock Watering Irrigation Food Processing Household
 Manufacturing Fire Safety Cleaning Recreation Aesthetic Cooling or Heating
 Injection Other
 Type of Facility: Domestic Public Water Supply Public Institution Farm Insustry
 Commercial Other

9. Wellhead: Type well seal Water Tight Cap Pressure Tank gal. Loc
 Sample tap Measurement port Well Vent Pressure relief valve Gate valve
 Check valve (when required) Electrical disconnect switch on power supply

10. Well lot dedicated? Size ft. x ft. Well house? Distance to nearest pollutant source
 Type Distance to nearest property line ft. Building ft.

11. Water Service Pipe: Checked under P.S.I. for minutes. Pipe size inches. Material
 Installer Date

12. I certify that the information contained herein is true and correct and that this well has been installed and constructed in accordance with the requirements for well constructions specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Wade H. Duff (Seal), Date License No. 2705-046112
 (Well Driller or Authorized Person)