

Commonwealth of Virginia
Uniform Water Well Completion Report



Owner Piccard Building
Address 1300 Piccard Dr. #205
Rockville MD
Phone 301 948-9208
Location The Willows Sec. 5 Lot 53

Tax Map ID 36B-5-53
VDH Permit SWP 01-187
VWCB Permit _____
VWCB ID _____
County STAFFORD

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

General Information
Drilling Method Air Rotary
Depth to Bedrock 40'
Static Water Level 30'
Well Disinfected (Y or N) N

Date Completed 8/7/01
Yield 8 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 420'
Length of Test 1 hr.
Natural Flow (Rate) N
Amount Used _____

Casing
From +1 1/2' to 6 3/2'
Size 10 1/4" ID Material PVC
Weight/Schedule 3.491 # per ft.
.250 wall

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

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

Gravel Pack
From _____ To _____
Gravel Size _____
from _____ to _____ ft.

From _____ To _____
" from _____ to _____ ft.

From _____ To _____
" from _____ to _____ ft.

From 6 3/2' to 0
Bore Hole Size 10" x 6 3/2"
Type Bentonite E-2 seal
Method pressure grout from bottom to top

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

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

Water Zones or Screened Intervals
From 389' to 391'
Mesh Size _____ Diam _____
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 *

Depth of Old Wells
Casing Removed Y or N? _____
Depth to which casing was removed: _____
Depth and Type of Fill _____
Source of Fill _____
Removal Date: 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 _____

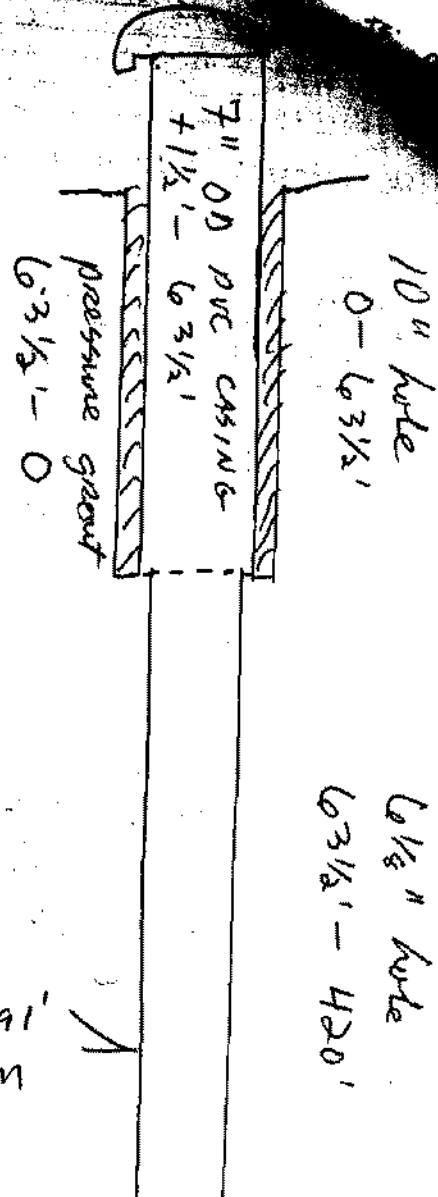
Is the top of permanently marking location: _____
 Installed watertight top

Drillers Log

Depth

Description of Formation or Sediment

0	40'	brown sandy clay
40'	50'	brown soft shale
50'	65'	brown med. hard sedimentary rock
65'	130'	grey hard rock
130'	260'	dark grey hard rock
260'	420'	light grey hard rock



(User additional Shoots if necessary)

I hereby certify 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.

Company: ARTESIAN WATER WELLS, INC.
 Address: 11412 GORDON RD
F. BURG VA 22407
 Phone: (540) 285-8163

Date: 8/7/01 Representing: Wade N. Duffin Jr.
A. W. O. J.

Contractors License Number: 2705-04612