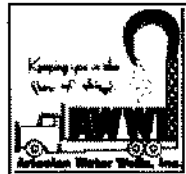


WATER WELL COMPLETION REPORT

(Certificate of Completion)



County/City
Owner
Well Designation of #
Address

Phone

Drilling Contractor
Address

Phone

PWS/ID #
Tax Map ID #
Subdivision
Section/Block
Lot/GPIN #
Long/Lat
Class/Well

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

Date Started Date Completed Type of Rig

1. Well Data:

New Rework Deepened

Total Depth ft

Depth to Bedrock ft

Hole size (Also include reamed zones)

Inches to ft

Inches to ft

Inches to ft

Casing size (ID) and material

Inches to ft

Material

Wt. per ft or wall thickness in

Inches to ft

Material

Wt. per ft or wall thickness in

Inches to ft

Material

Wt. per ft or wall thickness in

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

inches to ft

Mesh size Type

Gravel Pack

Size From to ft

Size From to ft

Grout

From to ft., Type

From to ft., Type

2. Water Data: Water Temperature

Static water level (unpumped level-measured) ft

Stabilized measured pumping water level ft

Stabilized yield gpm after hours

Natural Flow: Yes No Flow rate gpm

Comment on Quality

3. Water Zones: From To

From To From To

4. Pump Data: Type Rated H.P.

Intake depth Capacity at TD head

Model No.

5. Disinfection: Well disinfected? Yes No

Date Disinfectant used

Amount Hours used

6. Abandonment: Date Casing pulled?

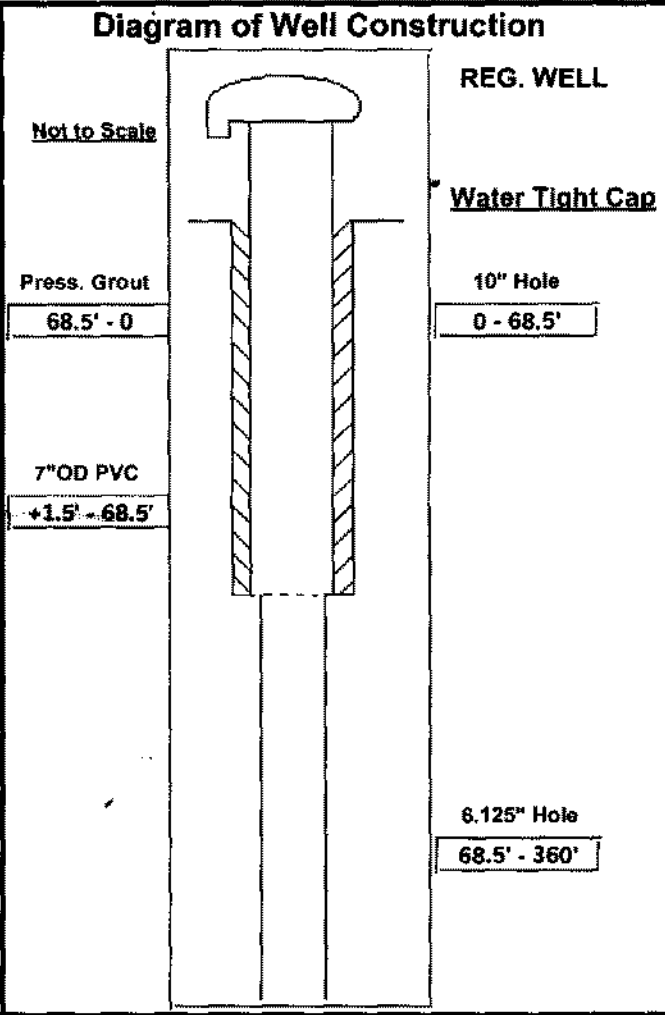
Chlorinated well (explain method)

Plugging grout From to material

McCord Building

Drillers Log (Use Additional Sheets If Necessary)

Depth (Feet)		Type of Rock or Soil (Color, Material, Fossils, Hardness, Etc.)	Remarks (Water, Caving, Cavities, Broken, Cors, Shot, Etc.)
From	To		
0	15	Brown Sandy Clay	
15	65	White Quartz w/Mica	
65	70	Grey Medium Rock	
70	360	Grey Granite	
285	290	Water @ 5 GPM	
340	345	Water @ 10 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 Industry
 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 A. Duffey (Seal), Date 06-27-02 License No. 2705-046112
 (Well Driller or Authorized Person)