

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

Owner Jon Julian
 Address 696 Warranfon Road
Fredericksburg, VA
 Phone _____
 Location Lot #6 Crestwood

Tax Map ID 36-40-6
 VDH Permit SWP-98-98
 VWCB Permit _____
 VWCB ID _____
 County Stafford

* Well Data *

General Information

Drilling Method <u>Air rotary</u>	Date Completed <u>7-27-98</u>	Total Depth of Well <u>225'</u>
Depth to Bedrock <u>57</u>	Yield <u>30</u> (GPM)	Length of Test <u>2 hr</u>
Static Water Level <u>20'</u>	Stabilized Water Level _____	Natural Flow (Rate) _____
Well Disinfected (Y or N) <u>N</u>	Disinfectant Used _____	Amount Used _____

Casing

From <u>+1</u> To <u>67</u>	From _____ To _____	From _____ To _____
Size <u>6 1/2"</u> Material <u>pvc</u>	Size _____ Material _____	Size _____ Material _____
Weight/Schedule <u>Sch 40</u>	Weight/Schedule _____	Weight/Schedule _____

Gravel Pack

From <u>67</u> To <u>50</u>	From _____ To _____	From _____ To _____
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Grout

From <u>50</u> To <u>0</u>	From _____ To _____	From _____ To _____
Bore Hole Size <u>10"</u>	Bore Hole Size _____	Bore Hole Size _____
Type <u>Neat</u>	Type _____	Type _____
Method <u>Pressure</u>	Method _____	Method _____

Water Zones or Screened Intervals

From <u>110</u> To <u>115</u>	From <u>210</u> To <u>215</u>	From _____ To _____
Mesh Size _____ Diam _____	Mesh Size _____ Diam _____	Mesh Size _____ Diam _____
From <u>160</u> To <u>165</u>	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 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: _____

1/1/1998
F.H.A. 10/1/98
1/1/1998

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0-15	Clay/mica	
15-57	Clay	
57-110	Soft rock	
110-115	Broken shale	Water bearing
115-160	Shale/hard	
160-165	Limestone	" "
165-180	Broken shale	
180-210	Granite	
210-215	Broken granitr rock	" "
215-225	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 VAN'S CONSTRUCTION CO., INC.

Address PO BOX 3306

FREDERICKSBURG, VA 22403

Phone (540) 373-7502

Drillers Signature 

Date 7/27/98 Representing VAN'S CONSTRUCTION CO., INC.

Virginia Contractors License Number 2701-018610A