

Commonwealth of Virginia Uniform Water Well Completion Report

Owner Walden Coop.
 Address 1300 Piccadilly Dr.
Rockville, MD
 Phone (301) 948-0333
 Location The Willows Sec. III Lot 38

Tax Map ID 36 B-4-38
 VDH Permit SWP-99-640
 WVCB Permit _____
 WVCB ID _____
 County Stafford

* Well Data *

General Information

Drilling Method Air Rotary
 Depth to Bedrock 35'
 Static Water Level 25'
 Well Disinfected (Y or N) N

Date Completed 2/1/2000
 Yield 8 GPM (GPM)
 Stabilized Water Level _____
 Disinfectant Used _____

Total Depth of Well 400'
 Length of Test 1 hr
 Natural Flow (Rate) N
 Amount Used _____

Casing From 1 1/2' To 56 1/2'
 Size (in. ID) Material PVC
 Weight/Schedule 3.491 # Per Ft
1250 WALL

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

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

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Grout

From 50' To 0
 Bore Hole Size 10" 56 1/2'
 Type Bentonite (Egg Sand)
 Method pressure Grout from bottom to top

From 56 1/2' To 50'
 Bore Hole Size 10" 56 1/2'
 Type egg shavings
 Method from drill rig

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

Water Zones or Screened Intervals

From 163' To 165'
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From 389' To 390'
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

* Use Data *

Private Well: Domestic Community _____
 Public Well: _____

Agricultural _____ Industrial _____ Monitoring _____
 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: _____

Drillers Log

Description of Formation or Sediment

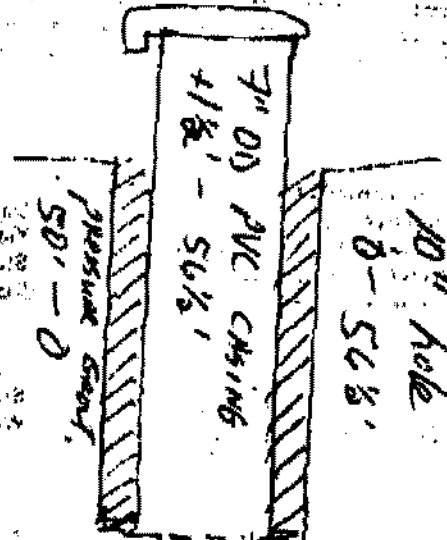
Remarks

0-35'

overburden

5'-400'

sedimentary rock
(very hard)



103'-165'
2 GPM

389'-390'
6 GPM

(Use 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 that the well complies with all applicable state and local regulations, ordinances and laws.

Name _____
Address ARTISIAN WATER WELLS, INC.
11416 GORDON RD.
FREDERICKSBURG, VA 22407
Phone (540) 785-8163

Drillers Signature Wade H. Smith
Date 2/4/2000 Representing AWW

Virginia Contractors License Number 2705-046112