

REPORT

BWCM No.

115-92-39

27-31/24

2/2/93

Corrected

WS-92-50

SWCB Permit: WS-92-39

County Permit

Certification of inspecting official:

This well does \_\_\_\_\_ does not \_\_\_\_\_

meet code/flow requirements.

S. \_\_\_\_\_

Date \_\_\_\_\_

For Office Use

Tax Map I.D. No. 27-31-36-57A

Subdivision \_\_\_\_\_

Section \_\_\_\_\_

Block \_\_\_\_\_

Lot \_\_\_\_\_

Class Well: I \_\_\_\_\_, IIA \_\_\_\_\_

IIIB \_\_\_\_\_, IIIA \_\_\_\_\_, IIIB \_\_\_\_\_

IIIC \_\_\_\_\_, IIID \_\_\_\_\_, IIIE \_\_\_\_\_

STAFFED

County/City Stamp

• Virginia Plane Coordinates

\_\_\_\_\_ N

\_\_\_\_\_ E

Latitude & Longitude

\_\_\_\_\_ N

\_\_\_\_\_ W

• Topo. Map No. \_\_\_\_\_

• Elevation \_\_\_\_\_ ft.

• Formation \_\_\_\_\_

• Lithology \_\_\_\_\_

• River Basin \_\_\_\_\_

• Province \_\_\_\_\_

• Type Logs \_\_\_\_\_

• Cuttings \_\_\_\_\_

• Water Analysis \_\_\_\_\_

• Aquifer Test \_\_\_\_\_

• Owner Ivan Couger

• Well Designation or Number Phosphorus House

Address 8609 Lee Jackson Circle

Spout, VA 22553

Phone 786-0342

• Drilling Contractor Water Wells Inc.

Address P.O. Box 481

Manassas, VA 22117

Phone 894-5461

WELL LOCATION: \_\_\_\_\_ (feet/miles) \_\_\_\_\_ direction of 295 N L 17 R 616 R 650

and \_\_\_\_\_ (feet/miles) \_\_\_\_\_ direction of 1 mile on R

(If possible please include map showing location marked)

Date started 11-19-92 • Date completed 11-19-92 Type rig ROTARY

1. WELL DATA: New  Reworked \_\_\_\_\_ Deepened \_\_\_\_\_

• Total depth 69.5 ft.

• Depth to bedrock \_\_\_\_\_ ft.

• Hole size (Also include reamed zones)

• 32 inches from 0 to 20 ft.

• 27 inches from 20 to 69.5 ft.

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Casing size (I.D.) and material

• 24 inches from 0 to 69.5 ft.

Material Concrete

Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

Material \_\_\_\_\_

Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

Material \_\_\_\_\_

Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.

• Screen size and mesh for each zone (where applicable)

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Mesh size \_\_\_\_\_ Type \_\_\_\_\_

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Mesh size \_\_\_\_\_ Type \_\_\_\_\_

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Mesh size \_\_\_\_\_ Type \_\_\_\_\_

• \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Mesh size \_\_\_\_\_ Type \_\_\_\_\_

• Gravel pack

• From 20 to 69.5 ft.

• From \_\_\_\_\_ to \_\_\_\_\_ ft.

• Grout

• From 0 to 20 ft., Type Sound

• From \_\_\_\_\_ to \_\_\_\_\_ ft., Type \_\_\_\_\_

2. WATER DATA • Water temperature \_\_\_\_\_ °F

• Static water level (unpumped level-measured) \_\_\_\_\_ ft.

• Stabilized measured pumping water level \_\_\_\_\_ ft.

• Stabilized yield \_\_\_\_\_ gpm after \_\_\_\_\_ hour

Natural Flow: Yes  No \_\_\_\_\_, flow rate: \_\_\_\_\_ gpm

Comment on quality \_\_\_\_\_

3. WATER ZONES: From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

4. 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 \_\_\_\_\_

5. PUMP DATA: Type \_\_\_\_\_ Rated H.P. \_\_\_\_\_

• Intake depth \_\_\_\_\_ Capacity \_\_\_\_\_ at \_\_\_\_\_ head

6. WELLHEAD: Type well seal \_\_\_\_\_

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 \_\_\_\_\_

7. DISINFECTION: Well disinfected \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

Date \_\_\_\_\_, Disinfectant used \_\_\_\_\_

Amount \_\_\_\_\_, Hours used \_\_\_\_\_

8. ABANDONMENT (where applicable) • yes \_\_\_\_\_ no \_\_\_\_\_

Casing pulled yes \_\_\_\_\_ no \_\_\_\_\_ not applicable \_\_\_\_\_

Plugging grout From \_\_\_\_\_ to \_\_\_\_\_ material \_\_\_\_\_

