

2
Board
Street
Virginia 23230

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT
Certification of Completion/County Permit

BWCM No. _____
36-44-A

Hoy

County/City STAFFORD CO.
County/City Stamp

SWCB Permit _____
County Permit _____
Certification of inspecting official: _____
This well does _____ does not _____
meet code/low requirements.
S. _____
Date _____
For Office Use

- Virginia Plane Coordinates
N _____
E _____
- Latitude & Longitude
N _____
W _____
- Topo Map No. _____
- Elevation _____
- Formation _____
- Lithology _____
- River Basin _____
- Province _____
- Type logs _____
- Cuttings _____
- Water Analysis _____
- Aquifer Test _____

• Owner Gerald Hoy
• Well Designation or Number _____
Address 1487 GARRISONVILLE RD.
STAFFORD VA 22554
Phone _____

• Drilling Contractor: Northern Virginia Drilling
Address Route 2, Box 1084
Nokesville, VA 22123
Phone (703) 361-6859

WS-93-291
Tax Map I.D. No. 36-44C-2
Subdivision BRYANT ESTATES
Section _____
Block _____
Lot 2
Class Well I _____ IIA _____
IIB _____ IIA _____ IIB
IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)
Date started 4-15-94 Date completed 4-15-94 Type rig AIR ROTARY

1. WELL DATA: New Reworked _____ Deepened _____
- Total depth 220 ft.
 - Depth to bedrock 90 ft.
 - Hole size (Also include reamed zones)
• 10 inches from 0 to 104 1/2 ft.
• 6 1/2 inches from 104 1/2 to 220 ft.
 - Casing size (I.D.) and material
• 6 1/4 inches from 0 to 106 ft.
Material Steel
Wt. per foot 13 or wall thickness .188 in.
 - Screen size and mesh for each zone (where applicable)
 - Mesh size _____ Type _____
 - Mesh size _____ Type _____
 - Mesh size _____ Type _____
 - Mesh size _____ Type _____
 - Gravel Pack
• From _____ to _____ ft.
 - Grout
• From 0 to 100 ft., Type cement

- WATER DATA • Water Temperature _____
- Static water level (unpumped level-measured) 30
 - Stabilized measured pumping water level 0
 - Stabilized yield 10 gpm after _____ hours
 - Natural Flow: Yes _____ No flow rate: _____ gpm
 - Comment on quality _____
3. WATER ZONES: From 195 To 198
From 208 To 210 From _____ To _____
From _____ To _____ From _____ To _____
- 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 _____

Owner _____

BWCM _____

W. V. LAB. II
 Manager
 J.R.

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. The required information includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, and logs at ten foot intervals (unless exemption is secured), the results of any chemical analysis, and copies of any geophysical logs. Quarterly pumpage and reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

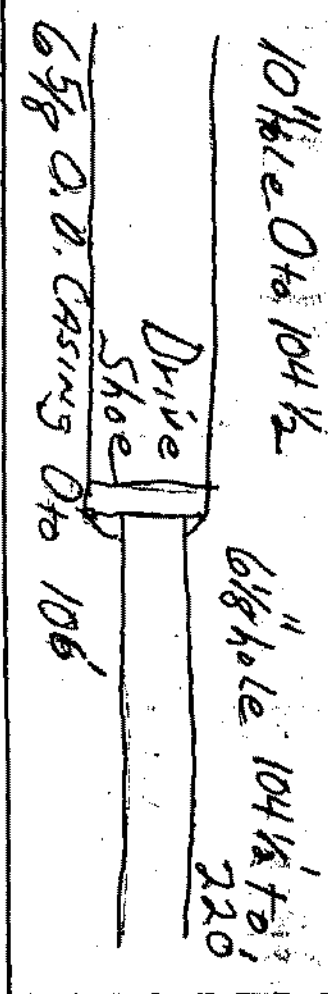
10. DRILLERS LOG (use additional sheets if necessary)

| DEPTH (feet) | | TYPE OF ROCK OR SOIL (color, material, fossils, hardness etc.) | REMARKS (water, casing, cavities, broken, core, shot, etc.) |
|--------------|-----|---|--|
| From | To | | |
| 0 | 90 | overburden Grey shale | |
| 90 | 220 | | |



11. Drilling Time (Min.)

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)



State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P.O. Box 268
 Bridgewater, Va. 22812
 703-828-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P.O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 406 East Main Street
 P.O. Box 476
 Abington, Va. 24210
 703-828-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 5312 Peters creek Road
 Roanoke, Va. 24019
 703-982-7432

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

13. Well lot dedicated? _____ Size _____ ft. x _____ ft. Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft. Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ P.S.I. for _____ minutes. Pipe size _____ Inches, Material _____
 Installer _____
 Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature _____ (Seal) Date 4-15-94

License No. 015640