

# COMMONWEALTH OF VIRGINIA WATER WELL COMPLETION REPORT

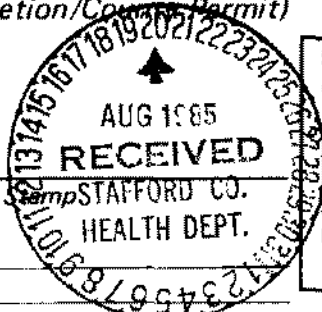
• BWCM No. \_\_\_\_\_

(Certification of Completion/County Permit)

State Water Control Board  
P. O. Box 11143  
2111 North Hamilton St.  
Richmond, Va. 23230

County/City Stafford

County/City Stafford Co.



SWCB Permit	_____
County Permit	_____
Certification of inspecting official: This well does _____ does not meet code/low requirements.	
Date	_____
For Office Use	
<u>38-124-1</u>	

• 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 Mary Franks

• Well Designation or Number \_\_\_\_\_

Address Rt. 4 Box 190  
Stafford, VA 22554

Phone \_\_\_\_\_

• Drilling Contractor Van's Construction Co. Inc.  
P.O. BOX 3306  
Fredericksburg, VA 22402

Address \_\_\_\_\_

Phone \_\_\_\_\_

Tax Map I.D. No.	_____
Subdivision	_____
Section	_____
Block	_____
Lot	_____
Class Well	I _____, IIA _____
II B _____, IIIA _____, IIIB _____	
IIIC _____, IIID _____, IIIE _____	

WELL LOCATION: \_\_\_\_\_ (feet/miles \_\_\_\_\_ direction) of \_\_\_\_\_  
and \_\_\_\_\_ feet/miles (direction) of Rt. 628  
(If possible please include map showing location marked)

Date started 7-30-85 • Date completed 7-30-85 Type rig \_\_\_\_\_

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

• Total depth \_\_\_\_\_ ft.

• Depth to bedrock \_\_\_\_\_ ft.

• Hole size (Also include reamed zones)

- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Casing size (I.D.) and material

- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.  
Material \_\_\_\_\_  
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 \_\_\_\_\_ to \_\_\_\_\_ ft.
- From \_\_\_\_\_ to \_\_\_\_\_ ft.

• Grout

- From 20 to 0 ft., Type neat
- From \_\_\_\_\_ to \_\_\_\_\_ ft., Type \_\_\_\_\_

2. WATER DATA • Water temperature \_\_\_\_\_ of \_\_\_\_\_

- 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 \_\_\_\_\_

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 sub • Rated H.P. 1/2

• Intake depth 70 • Capacity 12 at 160 head

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

Pressure tank 42 gal., Loc. \_\_\_\_\_

Sample tap X, Measurement port \_\_\_\_\_

Well vent \_\_\_\_\_, Pressure relief valve \_\_\_\_\_

Gate valve X, Check valve (when required) \_\_\_\_\_

Electrical disconnect switch on power supply \_\_\_\_\_

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

Date 7-30-85, Disinfectant used chlorine tab

Amount 5, Hours used 2

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

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

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

