

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

MICHAEL
NEWMAN

BWCM No. _____

(Certification of Completion/County Permit)

Water Control Board
Box 11143
North Hamilton St.
Roanoke, Va. 23230

County/City Stafford

County/City Stamp

Universal Plane Coordinates

N _____

E _____

Latitude & Longitude

N _____

W _____

Map No. _____

Station _____ ft.

Location _____

Geology _____

Basin _____

Drainage _____

Logs D.L.

Tests N.A.

Analysis _____

Other Test _____

Owner Raymond & Angela Shaw

Well Designation or Number _____

Address Box 251 - Staffordboro
Stafford, Va. 22554

Phone 659-4604

Drilling Contractor John L. Danielson, Jr., Inc.

Address 4616 Hood Drive
Fredericksburg, Virginia 22401

Phone (703) 898-6025

SWCB Permit _____

County Permit _____

Certification of inspecting official:
This well does _____ does not
meet code/flow requirements.
S _____

Date _____

For Office Use
5D-84-220 M. Newman
7-6-84

Tax Map I. D. No. 39-56C

Subdivision _____

Section _____

Block _____

Lot _____

Class Well I _____ IIA _____

IIA _____ IIB _____ IIB ✓

IIIC _____ IIID _____ IIIE _____

WELL LOCATION: 1 feet/miles South direction of Intersection of 6305th
and 1/4 feet/miles W (direction) of #1 (Near Maria Manor)
(If possible please include map showing location marked)

Date started 3/15/85 Date completed 3/15/85

Water rose 6 ft. in 30 min. • time of installation.
24" I. D. casing holds 23.5 gal. of water per ft.
• Date completed 3/15/85 Type rig Boxing Rig

1. DATA: New Reworked _____ Deepened _____

Approximate Drawdown _____ ft.

1. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level measured) 30 ft.

• Stabilized measured pumping water level _____ ft.

• Stabilized yield 240 1/2 gpm after _____ hours

Natural Flow: Yes _____ No Flow rate _____ gpm

Comment on quality _____

3. WATER ZONES: From 30 To 40

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 _____

Pump installation through Ms Shaw

Shaw

