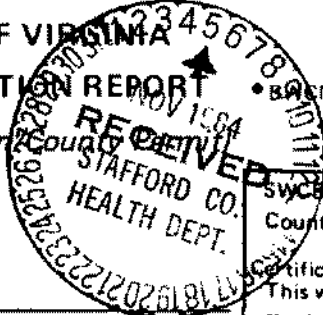


COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

(Certification of Completion)



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

SWC Permit No. _____

SWC Permit _____
County Permit Stafford

County/City _____

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 STAFFORD COUNTY LANDFILL
• Well Designation or Number _____
Address P.O. Box 339
Stafford, VA 22554
Phone _____
• Drilling Contractor DOMINION WELL COMPANY
Address 361-3443-Manassas 777-3727-Leesburg
361-9126-Manassas 825-2330-Culpeper
Phone 631-0266-Metro 672-3320-Orange
347-3542-Warrenton 371-2766-Fredericksburg

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

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block Rt. 628
Lot _____
Class Well: I _____, IIA _____
IIB X, IIIA _____, IIIB _____
IIIC _____, IIID _____, IIIE _____

WELL LOCATION: _____ (feet/miles) _____ (direction) of _____
and _____ (feet/miles) _____ (direction) of _____
(If possible please include map showing location marked) Directions: See Reverse
Date started 10/18/84 • Date completed 10/26/84 Type rig Air Rotary

1. WELL DATA: New X Reworked _____ Deepened _____
• Total depth 224 ft.
• Depth to bedrock In Sand ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 192 ft.
• 6 1/8 inches from 192 to 224 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6 5/8 inches from 0 to 193 ft.
Material Steel
Wt. per foot 13 or wall thickness .188 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 110 to 224 Inside ft.
• From _____ to _____ ft.
• Grout
• From 0 to 50 ft. Type Pressure
• From _____ to _____ ft. Type 14 Bags

2. WATER DATA • Water temperature _____ OF
• Static water level (unpumped level-measured) 110 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 15 gpm after 1 hours
Natural Flow: Yes _____ No X flow rate: _____ gpm
Comment on quality clear
3. WATER ZONES: From 210 To 224
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____
4. USE DATA:
Type of use: Drinking X, Livestock Watering _____
Irrigation _____ Food processing _____ Household X
Manufacturing _____ Fire safety _____ Cleaning _____
Recreation _____ Aesthetic _____ Cooling or heating _____
Injection _____ Other _____
• Type of facility: Domestic X, 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 No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use 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) | | | | 11. Drilling Time (Min.) | 12. DIAGRAM OF WELL CONSTRUCTION (with dimensions) |
|---|-----|---|---|--------------------------|--|
| DEPTH (feet) | | TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.) | REMARKS (water, caving, cavities, broken, core, shot, etc.) | | |
| From | To | | | | |
| 0 | 6 | Red Clay | | | |
| 6 | 28 | Yellow Clay | | | |
| 28 | 40 | Blue Mauri | | | |
| 40 | 45 | Black Sandy Clay | | | |
| 45 | 90 | Blue Mauri | | | |
| 90 | 93 | Sandstone | | | |
| 93 | 95 | Blue Sandy Clay | | | |
| 95 | 110 | Red Clay | | | |
| 110 | 115 | Blue Clay | | | |
| 115 | 130 | Sandstone | | | |
| 130 | 150 | Black Sandy Clay | | | |
| 150 | 160 | White Sandy Clay & Gravel | | | |
| 160 | 175 | White Sandstone | | | |
| 175 | 185 | Blue Clay | | | |
| 185 | 195 | Brown Clay | | | |
| 195 | 210 | Blue Sandy Clay | | | |
| 210 | 225 | White & Blue Sandstone | | | |

Directions: Rt. 234 S, I-95 South to Rt. 630 Stafford Exit Left on Rt. 630 to Rt. 15, take R to L Rt. 62S to L Stafford Landfill, well site on right between garage and silver trailer

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.

State Water Control Board Regional Offices

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

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

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

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

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

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

Signature *Arnold S. Earnest* (Seal), Date 10/31/84
 (Well driller or authorized person) License No. _____