

The State Health Department requires the submission of a water well completion report. The Virginia State Health Department requires a water well completion report. The State Health Department requires the submission of a water well completion report. The Virginia State Health Department requires a water well completion report.

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

(Certification of Completion/County Permit)

County/City Stafford County

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

County/City Stamp
 • Owner Roger W. Loveless
 • Well Designation or Number _____
 Address P.O. Box 1391
Stafford, VA. 22554
 Phone 559-3466
 • Drilling Contractor Van's Const. Co., Inc.
 Address P.O. Box 3306
Fredericksburg, VA. 22402
 Phone 373-7502

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

Tax Map I.D. No. 39-49-2
 Subdivision _____
 Section _____
 Block _____
 LoParcel 2 of 49
 Class Well I _____ IIA _____
 IIB _____ IIIA _____ IIIB _____ X
 IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
 and _____ (feet/miles _____ direction) of _____
 (If possible please include map showing location marked)

Date started 6-20-86 • Date completed 6-20-86 Type rig Boring

I. WELL DATA: New Reworked _____ Deepened _____
 • Total depth 45 ft.
 • Depth to bedrock _____ ft.
 • Hole size (Also include reamed zones)
 • 36 inches from 0 to 20 ft.
 • 30 inches from 20 to 45 ft.
 • _____ inches from _____ to _____ ft.
 • Casing size (I.D.) and material
 • 24 inches from 0 to 45 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.
 _____ inches from _____ to _____ ft.
 • 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 _____
 • _____ inches from _____ to _____ ft.
 • Gravel pack
 • From _____ to _____ ft.
 • From _____ to _____ ft.
 • Grout
 • From _____ to _____ ft., Type _____
 • From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ OF
 • Static water level (unpumped level measured) _____ ft.
 • Stabilized measured pumping water level 21 ft.
 • Stabilized yield 5 gpm after est. bail method hours
 Natural Flow: Yes _____ No flow rate _____ gpm
 Comment on quality clear
3. WATER ZONES: From 21 To 45
 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 33 • Capacity 10 at 123 head
6. WELLHEAD: Type well seal _____
 Pressure tank 32 gal., Loc. house
 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 3-7-87 Disinfectant used chl. tabl.
 Amount _____ Hours used _____
8. ABANDONMENT (where applicable) • yes _____ no _____
 Casing pulled yes _____ no _____ not applicable _____
 Plugging grout From _____ to _____ material _____

OVER

permits and use reports are required from owners of public supply and industrial wells. County or state permits to drill may be required by 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, caving, cavities, broken, core, shot, etc.)	11. Drilling Time (Min.)
From	To			
0	4	topsoil		
4	20	clay		
20	45	sand gravel		

12. DIAGRAM OF WELL CONSTRUCTION
(with dimensions)

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 _____ 60 _____ p.s.i. for _____ 10 _____ minutes.
 Pipe size _____ 1 _____ inches, Material _____ plastic _____
 Installer _____ Van's Const. Co., Inc. _____
 Date _____ 3-7-87 _____

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
5512 Peters Creek Road
Roanoke, Va. 24019
703-982-7452

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

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 _____ *Sheil Autman* _____ (Seal), Date _____ 3-11-87 _____
 (Well driller or authorized person)
 License No. _____