

992
39
-w 472-0776
12-1066
James & Valerie Franklin
39, Tree Way
Stafford, Va. 22554
659-1639

Commonwealth of Virginia
Uniform Water Well Completion Report

Tax Map ID 39-144A
VDH Permit WS-91-243
VWCB Permit _____
VWCB ID _____
County _____

* Well Data *

Drilling Information
Drilling Method Mud Rotary
Depth to Bedrock _____
Static Water Level _____
Well Disinfected (Y or N) _____
Casing
From +1 To 59
Size 6 7/8 Material P.V.C.
Weight/Schedule SDR 27

Date Completed 7/15/92 - 7/17/92
Yield 25 (GPM)
Stabilized Water Level 80
Disinfectant Used
Well pump 126 P.R. @
95 Ft. on 7/17/92
From 59 To 99
Size 6 7/8 Material P.V.C.
Weight/Schedule SDR 21

Total Depth of Well 140
Length of Test 2 Hrs
Natural Flow (Rate) _____
Amount Used _____
From 93 To 120
Size 4 Material P.V.C.
Weight/Schedule Sch. 40

Gravel Pack

From _____ To _____ From _____ To _____ From _____ To _____

Grout

From 0 To 50' From 0 To 100' From 100 To 140
Bore Hole Size 10" Bore Hole Size 10" Bore Hole Size 6"
Type Bestonite 7/17/92 Type _____ Type _____
Method Pressure Grouting Method _____ Method _____

Water Zones or Screened Intervals

From 103 To 138 From _____ To _____ From 120 To 140
Mesh Size _____ Diam _____ Mesh Size .020 Diam 4" - P.V.C.
From _____ To _____ From _____ To _____
Mesh Size _____ Diam _____ Mesh Size _____ Diam _____

* Use Data *

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____

* Abandonment Information *

Bored or Dug Wells

Casing Removed, Y or N? _____
If Y, Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill _____
Bentonite Plugs: From _____ to _____ From _____ to _____

Wells other than Bored Wells

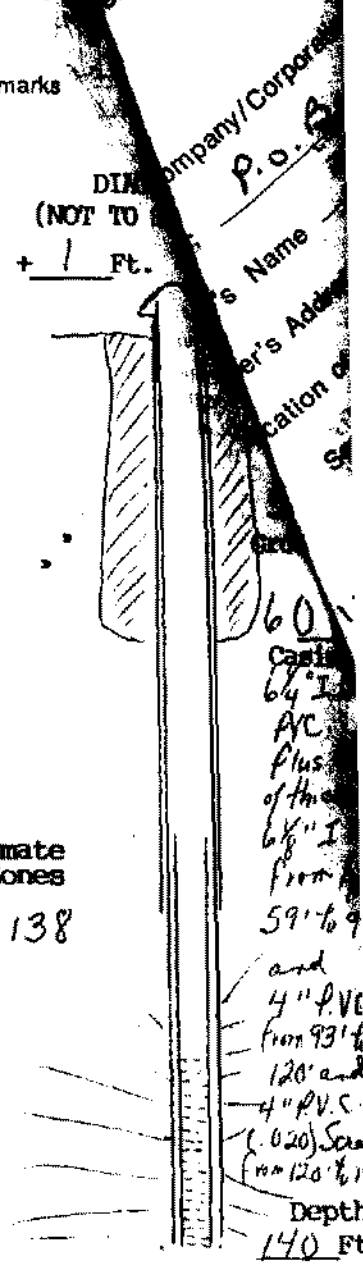
Casing removed, Y or N? _____
Depth to which casing was removed: _____
Applicable, depth(s), and type of gravel/sand fill: _____
Source of gravel or sand: _____
Cement: From _____ to _____ From _____ to _____

Method of permanently marking location:
 Installed watertight top
Suggest setting pump @ approx. 100 ft.

Statement
 of Virginia
 Department of Health

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0	40	Red Sand & Clay
40	80	Black Sand & Shells
80	103	Grey Clay
103	138	Grey Sand & Sandstone
138	140	Grey Clay



Approximate
 Water Zones

103 to 138

(User additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name JOHN L. DANIELSON, JR., INC.
 Address 4616 HOOD DRIVE
FREDERICKSBURG, VIRGINIA 22408
 Phone (703) 898-6025 / 898-9355

Drillers Signature _____
 Date 7/7/92 Representing JOHN L. DANIELSON, JR., INC.

Virginia Contractors License Number _____