

Commonwealth of Virginia
Uniform Water Well Completion Report



Owner: SYG Assoc.
Address: 9901 Burwell Rd.
Nokesville VA
Phone: (703) 754-1714
Location: Paplar Hills Lot # 6

Tax Map ID: 40B-6
VDH Permit: SWP-01-176
VWCB Permit: _____
VWCB ID: _____
County: Stafford 40B-1-6

Well Classification: IIIA _____ IIIB IIIC _____ IV _____
* Well Data *

General Information

Drilling Method: Air Rotary
Depth to Bedrock: 60'
Static Water Level: 85'
Well Disinfected (Y or N): N

Date Completed: 8/29/01
Yield: 30+ (GPM)
Stabilized Water Level: _____
Disinfectant Used: _____

Total Depth of Well: 140'
Length of Test: 1 hr.
Natural Flow (Rate): N
Amount Used: _____

Casing From: +1 1/2' To: 68 1/2'
Size: 6 3/4" ID Material: PVC
Weight/Schedule: 3.491 # per ft.
.250 wall

From: 60' To: 100'
Size: 4 1/4" ID Material: PVC
Weight/Schedule: 2.791 # per ft.
.291 wall

From: _____ To: _____
Size: _____ Material: _____
Weight/Schedule: _____

Gravel Pack

From: _____ To: _____
Hole size: _____
" from _____ to _____ ft.

From: _____ To: _____
" from _____ to _____ ft.

From: _____ To: _____
" from _____ to _____ ft.

Grout

From: 68 1/2' To: 0
Bore Hole Size: 10" x 68 1/2'
Type: Bentonite E-2 seal
Method: pressure grout from bottom to top

From: _____ To: _____
Bore Hole Size: _____
Type: _____
Method: _____

From: _____ To: _____
Bore Hole Size: _____
Type: _____
Method: _____

Water Zones or Screened Intervals

From: 100' To: 140'
Mesh Size: _____ Diam: _____
From: _____ To: _____
Mesh Size: _____ Diam: _____

From: _____ To: _____
Mesh Size: _____ Diam: _____
From: _____ To: _____
Mesh Size: _____ Diam: _____

From: _____ To: _____
Mesh Size: _____ Diam: _____
From: _____ To: _____
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 in 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: _____

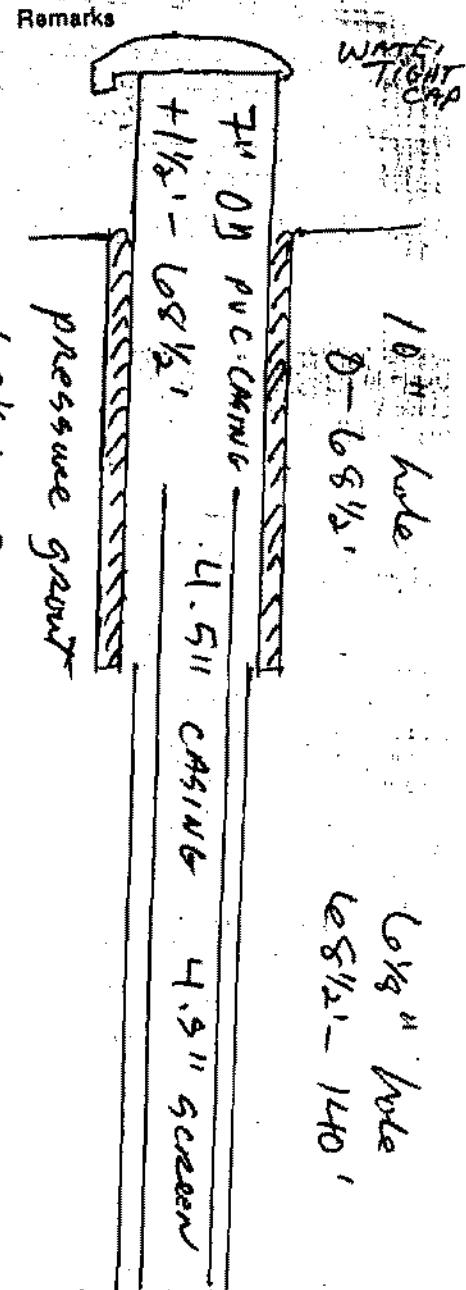
Installed watertight top

State of Virginia
 Department of Health
 Division of Environmental Health
 Permit # 57850
 of Company/Corp

Dillers Log

NOT TO SCALE

Depth	Description of Formation or Sediment
0 - 20'	brown sandy clay
20' - 40'	TAN sandy clay
40' - 50'	brown/TAN sandy clay
50' - 60'	greenish/brown clay
60' - 70'	grey/green hard clay
70' - 110'	grey clay
110' - 140'	Brown coarse sand



(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 that the well complies with all applicable state and local regulations, ordinances and laws.

Name ARTESIAN WATER WELLS, INC.
 Address 11412 GORDON RD
P.O. BOX 22407
VA 22407
 Phone 540-785-8163

Dillers Signature Wade N. Smith
 Date 8/29/01 Representing A.W.W.

Virginia Contractors License Number 2705-046112