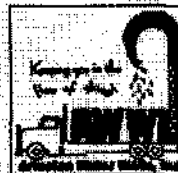


WATER WELL COMPLETION REPORT

(Certificate of Completion)



American Homes
 Address

 Phone

PWS/ID #
 Tax Map ID #
 Subdivision
 Section/Block
 Lot/GPIN #
 Long/Lat
 Class/Well

Drilling Contractor Artesian Water Wells, Inc
 Address

 Phone

Well Location: (feet/miles) (direction) of and
 feet/miles (direction) of
 (If possible please include map showing location marked)

Date Started Date Completed Type of Rig

1. Well Data:

New Rework Deepened

Total Depth ft
 Depth to Bedrock ft
 Hole size (Also include reamed zones)
 inches to ft
 inches to ft
 inches to ft

Gravel Pack
 Size From to ft
 Size From to ft
 Grout
 From to ft., Type
 From to ft., Type

Casing size (ID) and material

inches to ft
 Material
 Wt. per ft or wall thickness in
 inches to ft
 Material
 Wt. per ft or wall thickness in
 inches to ft
 Material
 Wt. per ft or wall thickness in

2. Water Data: Water Temperature

Static water level (unpumped level-measured) ft
 Stabilized measured pumping water level ft
 Stabilized yield gpm after hours
 Natural Flow: Yes No Flow rate gpm
 Comment on Quality

3. Water Zones: From To
 From To From To

4. Pump Data: Type Rated H.P.
 Intake depth Capacity at head
 Model No.

Screen size and mesh for each zone (where applicable)

inches to ft
 Mesh size Type
 inches to ft
 Mesh size Type
 inches to ft
 Mesh size Type
 inches to ft
 Mesh size Type

5. Disinfection: Well disinfected? Yes No
 Date Disinfectant used
 Amount Hours used

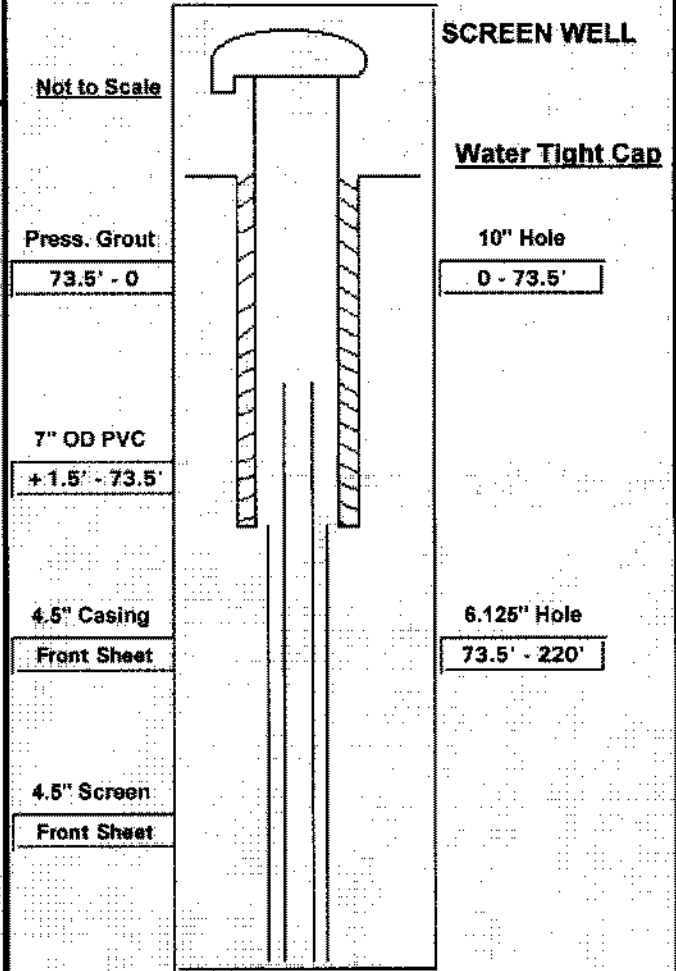
6. Abandonment: Date Casing pulled?
 Chlorinated well (explain method)

Plugging grout From to material

Sheets (If Necessary)

Depth (Feet)		Type of Rock or Soil (Color, Material, Fossils, Hardness, Etc.)	Remarks (Water, Caving, Cavities, Broken, Core, Shot, Etc.)
From	To		
0	20	Brown Sandy Clay	
20	50	Tan Sand	
50	68	Gray Clay	
68	95	Grayish Blue-Green Clay	
95	180	Gray Sandy Clay w/Shells	
180	220	Water @ 30 GPM	

Diagram of Well Construction



8. 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 _____

9. Wellhead: Type well seal Water Tight Cap _____ 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 _____
 10. Well lot dedicated? Size _____ ft. x _____ ft. Well house? Distance to nearest pollutant source _____
 Type _____ Distance to nearest property line _____ ft., Building _____ ft.
 11. Water Service Pipe: Checked under _____ P.S.I. for _____ minutes. Pipe size _____ inches. Material _____
 Installer _____ Date _____

12. I certify that the information contained herein is true and correct and that this well has been installed and constructed in accordance with the requirements for well constructions specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Wade N. Smith (Seal), Date 1-30-02 License No. 2706-046112
 (Well Driller or Authorized Person)