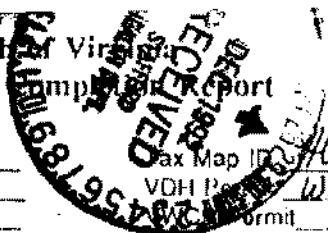


Commonwealth of Virginia
Uniform Water Well Completion Report



Owner Robert Thompson
Address _____
Phone _____
Location Wendover #16

10-A-16
VDH Permit WS-92-223
VWCB ID _____
County Stafford
7-18-92 Robert Snyder
7-22-92 T. Z. Thompson

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

General Information

Drilling Method Aug Rotary
Depth to Bedrock 190
Static Water Level 100
Well Disinfected (Y or N) _____

Date Completed 12/1/92
Yield 15 (GPM)
Stabilized Water Level 120
Disinfectant Used _____

Total Depth of Well 180
Length of Test 1 Hr
Natural Flow (Rate) _____
Amount Used _____

Casing

From +1 To 140
Size 4 1/2 Material P.V.C.
Weight/Schedule SDR 17

From 160 To 180
Size 4 1/2 Material P.V.C.
Weight/Schedule SDR 17

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

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Hole size 7 1/2" from 0 to 180 ft.

_____ " from _____ to _____ ft.

_____ " from _____ to _____ ft.

Grout 0 To 50'
Bore Hole Size 7 1/2" 12-18-19
Type Bentonite
Method Pressure Grouting

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

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

Water Zones or Screened Intervals

From 145 To 160
Mesh Size .020 Diam 4 1/2
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 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 _____

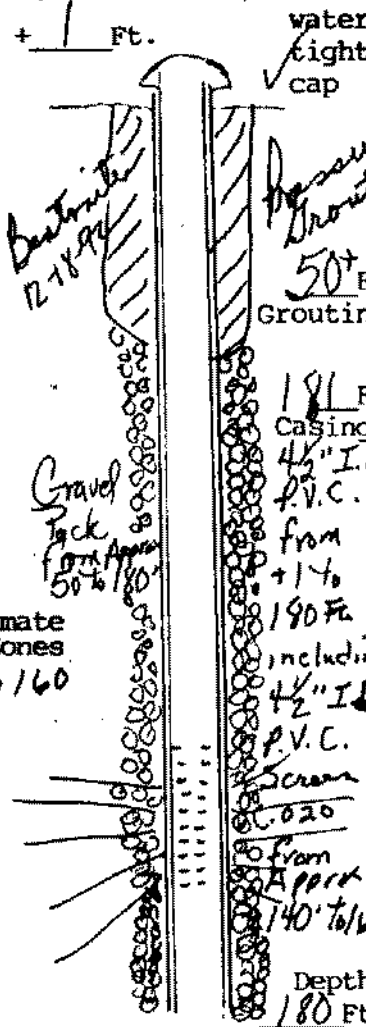
Method of permanently marking location: _____
 Installed watertight top
Suggest setting pump @ approx. 140 ft.

Depth

Description of Formation or Sediment

0	10	Sand & Gravel
10	110	Black Sand & Shells
110	130	Brown Clay
130	140	Grey Clay
140	145	Sandy Grey Clay
145	160	Grey Sand
160	170	Sandy Grey Clay
170	180	Brown Clay

DIAGRAM (NOT TO SCALE)



(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 *Robert Danielson*
 Date 12/18/92 Representing JOHN L. DANIELSON, JR., INC.

Virginia Contractors License Number _____