

**Commonwealth of Virginia
Uniform Water Well Completion Report**

Owner William and Margaret Heflin Tax Map ID 40-44H
 Address 106 Belair Place VDI Permit WS-93-204
Falmouth, VA 22405 VWCB Permit _____
 Phone (703) 373-5206 VWCB ID _____
 Location Rte. 630 to Rte. 666 County Stafford
 Well Classification IIIA _____ IIIB XXXXXX IIIC _____ IV _____

*** Well Data ***

General Information

Drilling Method Rotary Date Completed 08/09/94 Total Depth of Well 212 ft.
 Depth to Bedrock _____ Yield 10 (GPM) Length of Test 4 hrs.
 Static Water Level 30 Stblzd Water Level 55 Natural Flow (rate) _____
 Well Disinfected (Y/N) Y Disinfectant Used chlorine Amount Used 50 PPM

Casing

From +1 to 184 From 184 to 202 From _____ to _____
 Size 4 1/2" Material PVC Size 2" Material Galv. Size _____ Material _____
~~XXXXXX~~ Schedule 40 ~~XXXXXX~~ Schedule 40 *Weight/Schedule _____

Gravel Pack

From _____ to _____ From _____ to _____ From _____ to _____

Grout

From 0 to 50 From 50 to 184 From 184 to 212
 Bore Hole Size 8" Bore Hole Size 7" Bore Hole Size 3-7/8"
 Type Ben Seal Type _____ Type _____
 Method Pressure Method _____ Method _____

Water Zones or Screened Intervals

From 202 to 212 From _____ to _____ From _____ to _____
 Mesh Size 10 Diam. 2" Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____
 From _____ to _____ From _____ to _____ From _____ to _____
 Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____

*** Use Data ***

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

*** Abandonment Information ***

Bored or Dug Wells

Casing Removed, Y or N?: _____
 If Y, Depth 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?: _____
 If Y, Depth Removed: _____
 Depth and type of Fill: _____
 Source of Gravel or Sand: _____
 Cement: From _____ to _____
 From _____ to _____

Method of permanently marking location: _____

RECORDED

DRILLERS LOG

DEPTH	DESCRIPTION OF FORMATION OR SEDIMENT	REMARKS
0- 10	Sand	
10- 15	Sand and gravel	
15- 25	Gray clay	
25- 35	Sand	
35- 80	Green clay	
80-170	Black sand and shells	
170-202	Pasty sand	
202-212	Blue sand	

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 King George Drilling Service, Inc.
 Address Route 1, Box 86-K
Colonial Beach, VA 22443
 Phone (804) 224-9130
 Driller's Signature *Robert Jordan - Shepherd*
 Date 08/09/94 Representing Kenneth M. Frank, Jr.
 Virginia Contractors License Number 023065A