

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

Owner Mr & Mrs Anthony Polick
 Address 37 Cliff Circle
Stafford, Va 22551
 Phone 540-659-0970
 Location Brooke Ridge #10 Holly Brook Court
off 608 Brooke Rd.

Tax Map ID 41D-10
 VDH Permit SWP-97-96
 VWCB Permit _____
 VWCB ID _____
 County Stafford
 Date 4/2/97 Rob Sugden 4/2/97
SFF

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

General Information
 Drilling Method Art. Hand Rotary
 Depth to Bedrock _____
 Static Water Level 80 FT.
 Well Disinfected (Y or N) _____

Date Completed 4/24/97
 Yield 15 (GPM)
 Stabilized Water Level 220'
 Disinfectant Used _____

Total Depth of Well 280'
 Length of Test approx 1 hr.
 Natural Flow (Rate) _____
 Amount Used _____

Casing
 From 1' To 250'
 Size 4 1/2" Material P.V.C.
 Weight/Schedule SDR 17

From 270' To 280'
 Size 4 1/2" Material P.V.C.
 Weight/Schedule SDR 17

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

Gravel Pack
 From 50' To 280'

From _____ To _____

From _____ To _____

Hole size
10" from 0' to 60'.
 Grout
 From 0' To 50' 4 1/2"
 Bore Hole Size 10"
 Type Bestcrete
 Method Pressure Grouting

7 7/8" from 60' to 280'.
 From _____ To _____
 Bore Hole Size _____
 Type _____
 Method _____

_____ " from _____ to _____ ft.
 From _____ To _____
 Bore Hole Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals
 From 250' To 270'
 Mesh Size .020 Diam 4 1/2" (P.V.C.)
 From _____ To _____
 Mesh Size _____ Diam _____

approx water zone
 From 260' To 270'
 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 *

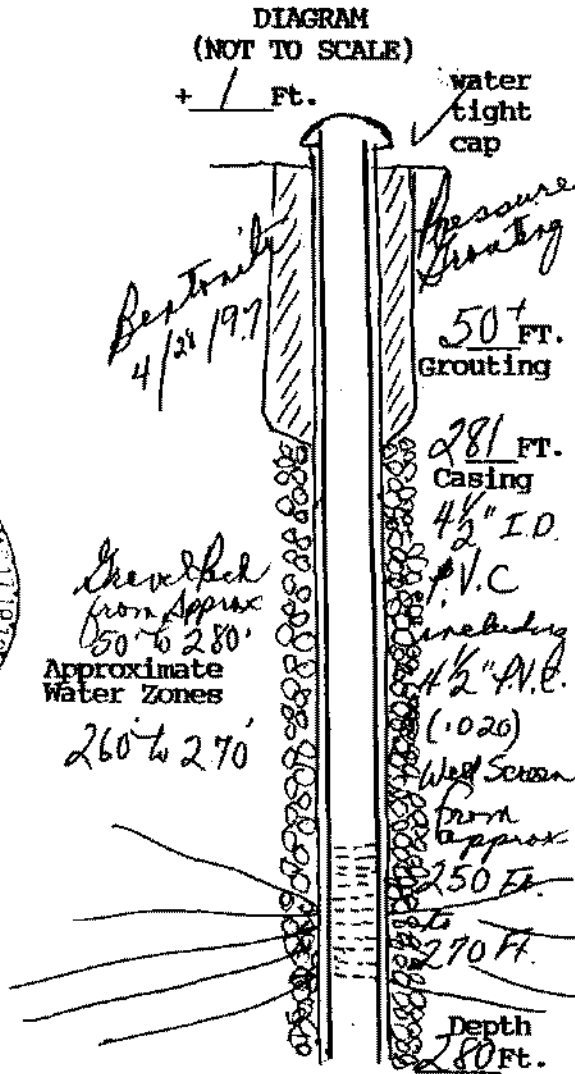
Bored or Dug Wells
 Casing Removed, Y or N? _____
 If Y, Depth to which casing was removed: _____
 Depth and Type of Fill: _____
 Source of Fill _____
 Bentonite Plugs: From _____ to _____ From _____ to _____

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. 240 ft.

Mr & Mrs Anthony Polick
Brooke Ridge #10
Stafford
Holly Brooke Court off Brooke Road (#608)
 * Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0	10	Sandy Red Clay
10	20	yellow sand
20	70	Blue Marl
70	190	Black Sand
190	260	Blue Clay
260	270	Grey Sand
270	280	Brown Clay



(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 540 (703) 898-6025 / 898-8355
 Drillers Signature John L. Danielson, Pres.
 Date 4/28/97 Representing JOHN L. DANIELSON, JR., INC.
 Virginia Contractors License Number CLASS A 2701 014084A H/H WVC