

WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

County/City Stafford

County/City Stamp

- Virginia Plane Coordinates
 - N _____
 - E _____
 - Latitude & Longitude _____
 - N _____
 - W _____
- Topo. Map No. 183 D
- Elevation _____ ft.
- Formation _____
- Lithology _____
- River Basin _____
- Province _____
- Type Logs D, L
- Cuttings N, A
- Water Analysis _____
- Aquifer Test _____

• Owner Katherine B. Alfred

• Well Designation or Number _____

Address 124 Woodland Court P.O. Box 1146
Fredericksburg, Virginia 22401

Phone 379-8462

• Drilling Contractor John L. Danielson, Jr., Inc.

Address 4616 Hood Drive
Fredericksburg, Virginia 22406

Phone (703) 898-6025

SWCB Permit _____

County Permit _____

Certification of inspecting official:
This well does _____ does not _____
meet code/low requirements.

S. _____

Date _____

For Office Use

Tax Map I.D. No. 42-2-1

Subdivision _____

Section _____

Block _____

Lot _____

Class Well: I _____, IIA _____, IIB , IIC _____, IIID _____, IIIF _____

WELL LOCATION: (feet/miles _____ direction) of _____
and 1/2 feet/miles _____ (direction) of 752 / End of Rd - Turn Left
(If possible please include map showing location marked) Across Ridge from George Newman

Date started 10/22/91 • Date completed 10/22/91 Type rig Air Rotary

Approximate Drawdown 55 feet.

2. WATER DATA • Water temperature _____ °F

• Static water level (unpumped level-measured) 25 ft

• Stabilized measured pumping water level 80 ft

• Stabilized yield 25 gpm after 1 hours

Natural Flow: Yes _____ No flow rate _____ gpm

3. WATER ZONES: From 191 To 192

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

4. 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 _____

5. PUMP DATA: Type _____ • Rated H.P. _____

• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

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 _____

7. DISINFECTION: Well disinfected _____ yes _____ no _____

Date _____ Disinfectant used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

Pump installed through _____

WELL DATA: New Reworked _____ Deepened _____

• Total depth 200 ft.

• Depth to bedrock 55 ft.

• Hole size (Also include reamed zones)

- 10 inches from 0 to 55 ft.
- 6 1/2 inches from 55 to 200 ft.
- _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

- 6 1/4 inches from +1 to 55 ft.
- Material P.V.C.
- Wt. per foot _____ or wall thickness SDR 27 in.
- _____ inches from _____ to _____ ft.
- Material _____
- Wt. per foot _____ or wall thickness _____ in.
- _____ inches from _____ to _____ ft.
- Material _____
- Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____

• Gravel pack

- From _____ to _____ ft.
- From _____ to _____ ft.

• Grout

- From 0 to 50 ft. Type Pressure Grouting
- From _____ to _____ ft. Type Neat Cement

Installed watertight top
Surgepot set with pump @ approx. 100'
OVER

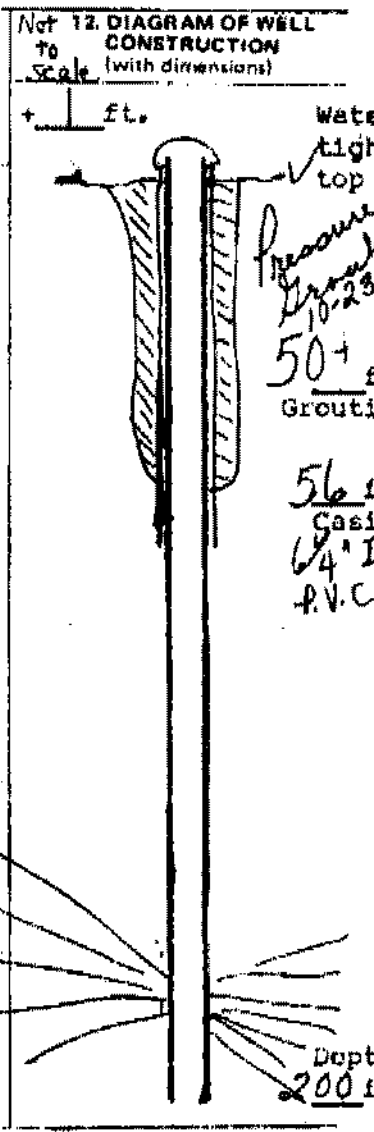
Towards the River

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, etc.)	Drilling Time (Min.)
From	To			
0	10	Sandy Red Clay		
10	30	Micaceous formation / Red		
30	55	Micaceous formation / Brown		
55	200	Hard Black Rock		

Approximate Water Zones
191 to 192



13. Well for dedicated? _____; Size _____ ft. X _____ ft. Well house? _____
 Distance to nearest pollutant source _____ ft. Type _____
 Distance to nearest property line _____ ft. Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches. Material _____
 Installer _____
 Date _____

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

Signature *Anna T. Henderson* Date *10/23/91*
 (Well driller or authorized person)

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 262
 Bridgewater, Va. 22812
 703-828-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 406 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 5312 Peters Creek Road
 Roanoke, Va. 24019
 704-882-7432

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-756-9111

License No. _____