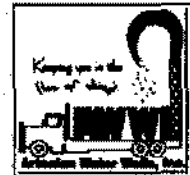


WATER WELL COMPLETION REPORT

(Certificate of Completion)



City
 Owner
 Well Designation of #
 Address

 Phone

Drilling Contractor
 Address

 Phone

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

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

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

3. Water Zones: From To
 From To From To
 4. Pump Data: Type Rated H.P.
 Intake depth Capacity at TD head
 Model No.

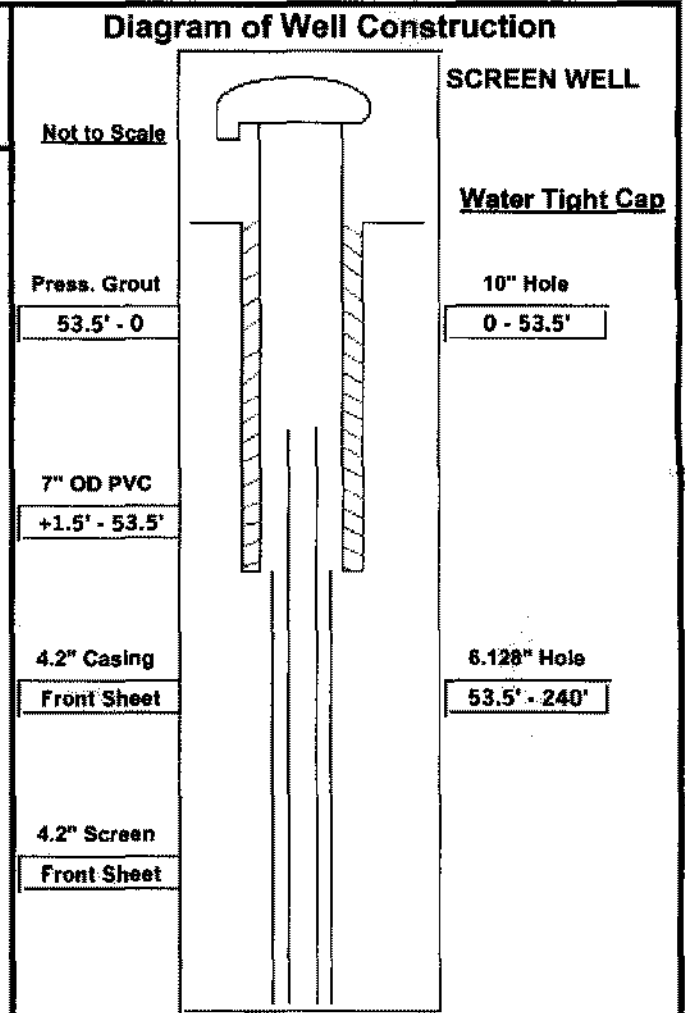
5. Disinfection: Well disinfected? Yes No
 Date Disinfectant used
 Amount Hours used

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

 Plugging grout From to material

7. Drillers Log (Use Additional Sheets If Necessary)

Depth (Feet)		Type of Rock or Soil (Color, Material, Fossils, Hardness, Etc.)
From	To	Remarks (Water, Caving, Cavities, Broken, Core, Shot, Etc.)
0	20	Brown Sandy Clay
20	40	Tan Sand W/Quartz
40	50	Grey Brown Medium Rock
50	240	Grey Granite
150	155	Water @ 5 GPM
230	235	Water @ 20+ GPM



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 H. [Signature] (Seal), Date 06-13-02 License No. 2705-046112
 (Well Driller or Authorized Person)