

(Seal & Stamp Circle)

Commonwealth of Virginia Uniform Water Well Completion Report

Ch. 22404
312-6547

Owner Jr. Sen
Address _____
Phone _____
Location Holly Corner Estates Sect 1 Lot 17/655 41 17

Tax Map ID 43C-? -17
VDH Permit WS-92-406
VWCB Permit _____
VWCB ID _____
County Stafford
1-5-93 Daniel Gaudin
1-6-93 J.W. Thompson

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

General Information

Drilling Method 400
Depth to Bedrock 65
Static Water Level _____
Well Disinfected (Y or N) _____

Date Completed 4/8/93
Yield 8 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 400
Length of Test 1 HR
Natural Flow (Rate) _____
Amount Usod _____

Casing

From +1 To 75
Size 6 3/4" Material P.V.C.
Weight/Schedule SDR 27

From 75 To 95
Size 6 3/4" Material P.V.C.
Weight/Schedule SDR 21

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

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Hole size

10 1/2" from 0 to 95 ft.

6" from 95 to _____ ft.

_____ " from _____ to _____ ft.

Grout

From 0 To 50+

From _____ To _____

From _____ To _____

Bore Hole Size

10 1/4" 4/8/93

Bore Hole Size

Bore Hole Size

Type

Bentonite

Type

Type

Method

Pressure Grouting

Method

Method

Water Zones or Screened Intervals

From _____ To _____

Approx water zone

From 180 To 181

From _____ To _____

Mesh Size

_____ Diam _____

Mesh Size

_____ Diam _____

Mesh Size

_____ Diam _____

Mesh Size

_____ Diam _____

Mesh Size

_____ Diam _____

Mesh Size

_____ Diam _____

* Use Data *

Private Well: Domestic
Public Well: Community _____

Agricultural _____ Industrial _____ Monitoring _____
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: _____

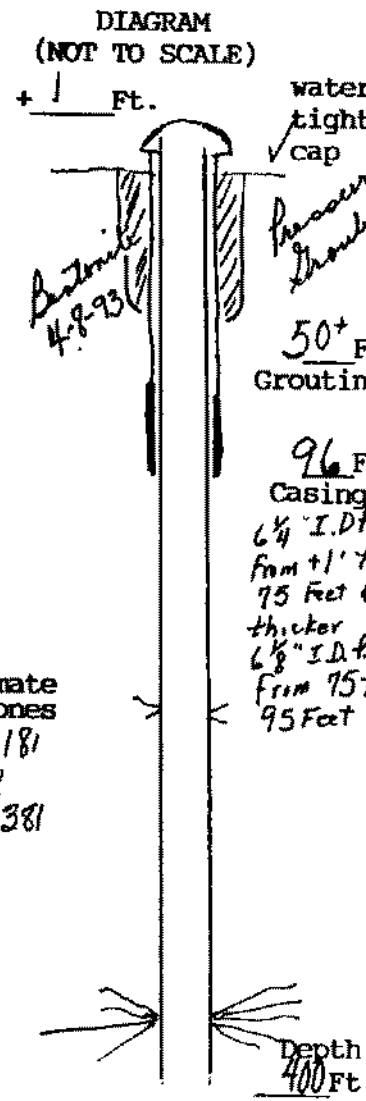
Installed watertight top
Suggest setting pump @ approx. 300 ft.

*Jessie Childress / 214 ...
 Holly Crosses Lot 17
 Stafford - *655 71* 17 -*

F.H.A. OF VA. CASE N.
 Department of Health
 Department of Virginia

* Drillers Log *

Depth	Description of Formation or Sediment
0	10 Red Clay
10	65 Micaceous formation / Brown
65	78 Brown Shale
78	340 Light Grey Granite
340	450 Dark Grey Granite



Approximate Water Zones
 180 to 181
 and
 380 to 381

(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 *John L. Danielson, Pres.*
 Date 4/8/93 Representing JOHN L. DANIELSON, JR., INC.

Virginia Contractors License Number: CLASS A 2701 014084A H/H WWC