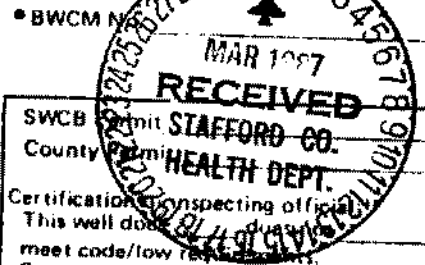


COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

(Certification of Completion/County Permit)

Contractor: Jessie W. Newton  
Rt 16 Box 2940  
Fredericksburg, Va. 22405  
371-0871



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

County/City Stafford

County/City Stamp

- Virginia Plane Coordinates
- Topo. Map No. 183D
- Elevation \_\_\_\_\_ ft.
- Formation \_\_\_\_\_
- Lithology \_\_\_\_\_
- River Basin \_\_\_\_\_
- Province \_\_\_\_\_
- Type Logs D. L.
- Cuttings N. A.
- Water Analysis \_\_\_\_\_
- Aquifer Test \_\_\_\_\_

• Owner For Sale -

• Well Designation or Number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Address 4616 Hood Drive

Fredericksburg, Virginia 22401

Phone (703) 898-6025

SWCB Permit \_\_\_\_\_

County \_\_\_\_\_

Certification of inspecting official \_\_\_\_\_

This well does not meet code/low rate \_\_\_\_\_

Date \_\_\_\_\_

For Office Use

5D-8-354 M. Newton

Tax Map I.D. No. 44-110-3

Subdivision R.R. ? Estate

Section \_\_\_\_\_

Block \_\_\_\_\_

Lot 3

Class Well. I \_\_\_\_\_ IIA \_\_\_\_\_

IIA \_\_\_\_\_ IIB  IIC \_\_\_\_\_

IID \_\_\_\_\_ IIE \_\_\_\_\_

WELL LOCATION: 1 (feet/miles) West (direction) of intersection of 652 & 654

and 110 feet (miles) S. (direction) of \_\_\_\_\_

(If possible please include map showing location marked)

Water rose 4 ft. in 30 min. @ time of installation.

24" I.D. casing holds 23.5 gal. of water per foot.

Date started 3/14/87 Date completed 3/19/87 Type rig Boring Rig

Approximate Drawdown 20 ft.

WELL DATA: New  Reworked \_\_\_\_\_ Deepened 40

• Total depth \_\_\_\_\_ ft.

• Depth to bedrock \_\_\_\_\_ ft.

• Hole size (Also include reamed zones)

• <u>39</u> inches from <u>0</u> to <u>20</u> ft.
• <u>29</u> inches from <u>20</u> to <u>40</u> ft.
• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• <u>24</u> inches from <u>0</u> to <u>40</u> ft.
Material <u>Concrete Casing</u>
Wt. per foot _____ or wall thickness _____
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____

• 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 _____ to _____ ft. Type _____
• From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature \_\_\_\_\_ of \_\_\_\_\_

• Static water level (unpumped level measured) \_\_\_\_\_ ft.

• Stabilized measured pumping water level \_\_\_\_\_ ft.

• Stabilized yield approx 35 gpm after 30 min of installation hours

Natural Flow: Yes \_\_\_\_\_ No  flow rate \_\_\_\_\_ gpm

Comment on quality \_\_\_\_\_

3. WATER ZONES; From 15 To 25

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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 installation through Jessie W. Newton

