

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

Owner Dorothy Long Tax Map ID 46-47
 Address 42 Bottenford Ln. VDI Permit W-95-188
Freds, VA VWCB Permit _____
 Phone 374-0419 VWCB ID _____
 Location Rt. 1 to Lee Hill to Forbes St. TR (Rodriguez on Left) County Stafford
 Well Classification IIIA _____ IIIB _____ IIIC IV _____

* Well Data *

General Information

Drilling Method Gas Pech Date Completed 7-5-95 Total Depth of Well 40 FT.
 Depth to Bedrock _____ Yield 1/2 (GPM) Length of Test 4 hrs.
 Static Water Level 18 Stblzd Water Level 30 Natural Flowrate) _____
 Well Disinfected(Y/N) Disinfectant Used Chlorine Amount Used 50 PPM

Casing

From +1 to 40 From _____ to _____ From _____ to _____
 Size 30" ID Material Concrete Size _____ Material _____ Size _____ Material _____
 Weight/Schedule 2" Weight/Schedule _____ Weight/Schedule _____

Gravel Pack

From 18 to 40 From _____ to _____ From _____ to _____

Grout

From 0 to 18 From 18 to 40 From _____ to _____
 Bore Hole Size 4 1/4" Bore Hole Size 4 1/2" Bore Hole Size _____
 Type Cement Type _____ Type _____
 Method Pressure Method _____ Method _____

Water Zones or Screened Intervals

From 18 to 24 From _____ to _____ From _____ to _____
 Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____
 From _____ to _____ From _____ to _____ From _____ to _____
 Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ 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 Removed: _____
 Depth and Type of Fill: _____
 Source of Fill: _____
 Bentonite Plugs: From _____ to _____
 From _____ to _____

Wells other than Bored Wells

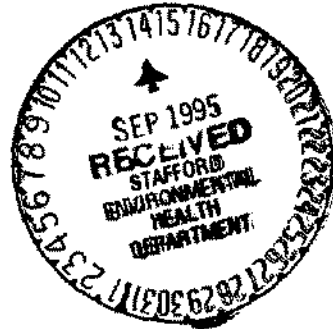
Casing Removed, Y or N?: _____
 If Y, Depth Removed: _____
 Depth and type of Fill: _____
 Source of Gravel or Sand: _____
 Cement: From _____ to _____
 From _____ to _____

Method of permanently marking location: _____

Health Department
of V.A. C
If Applicable

DRILLERS LOG

DEPTH	DESCRIPTION OF FORMATION OR SEDIMENT	REMARKS
0 - 2	Topsoil	
2 - 6	Yellow & brown clay	
6 - 10	Yellow & brown sand	
10 - 14	White sand & clay	
14 - 18	Gray clay	
18 - 24	White sand & heavy gravel	
24 - 40	White & gray sand	



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 King George Drilling
Address RT 1 - Box 86K
Colonial Beach, VA 22443
Phone (804) 224-9130
Driller's Signature [Signature]
Date 7-5-95 Representing Charles Kealey
Virginia Contractors License Number 023065 A