

48-17-1-9

Commonwealth of Virginia Uniform Water Well Completion Report

Owner Robert W. Sutton
 Address 12013 Fairfax Station Road
Fairfax Station, Virginia 22039
 Phone 703-4631-7400 F(703) 978-9760
 Location Lotoman Creek Estates # 7 (sect. 1)
 Well Classification IIIA IIIB ✓ IIIIC IV

Tax Map ID _____
 VDH Permit WS-92-397
 VWCB Permit _____
 VWCB ID _____
 County Stafford
2/1/93 W. Daniel Joseph

*** Well Data ***

General Information

Drilling Method Mud Rotary
 Depth to Bedrock _____
 Static Water Level 20
 Well Disinfected (Y or N) _____

Date Completed 7/1/93
 Yield 30 (GPM)
 Stabilized Water Level 80
 Disinfectant Used _____

Total Depth of Well 190
 Length of Test 3 Hrs
 Natural Flow (Rate) _____
 Amount Used _____

Casing From + 1 To 180
 Size 4 1/2" Material P.V.C.
 Weight/Schedule SDR 17

From 164 To 179
 Size 2" Material galvanized steel
 Weight/Schedule Schedule 40

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

Gravel Pack

From _____ To _____
 Gravel size 3/8" from 0 to 180 ft.
 Grout From 0 To 50'
 Grout Size 7/8"
 Type Bentonite
 Method Pressure Grouting

From _____ To _____
 Gravel size 3/8" from 180 to 190 ft.
 Grout From _____ To _____
 Grout Size _____
 Type _____
 Method _____

From _____ To _____
 Gravel size _____ from _____ to _____ ft.
 Grout From _____ To _____
 Grout Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals

From 179 To 190
 Well Size 2" Diam 2" Screen Steel
 From _____ To _____
 Well Size _____ Diam _____

From 180 To 190
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 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 to which casing was removed: _____
 Depth and Type of Fill: _____
 Source of Fill: _____
 Bentonite Slugs: 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. 100 ft.

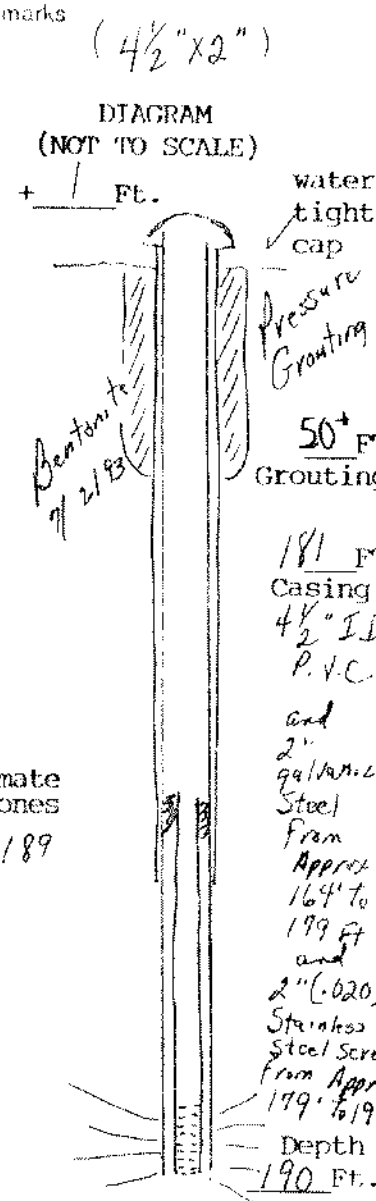
Well pumped 15 G.P.M. @ 100 Ft. on 7/1/93

OF Inspector
 Commonwealth of Virginia
 Department of Health
 F.H.A. or V.A. Case No. applicable

Robert W. Sutton
 Solomon Creek Estates #9
 Stafford
 off Belle Plains Rd (604)

• Drillers Log •

Depth	Description of Formation or Sediment	Remarks
0	10	Red & Grey Clay
10	15	Sand & Gravel
15	70	Black Sand & Shells
70	110	Grey Clay
110	130	Brown Clay
130	180	Sandy Grey Clay
180	189	Sandstone - water zone
189	190	Grey clay



Approximate Water Zones
180 to 189

(Use 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

Driller's Signature: [Signature]
 Date: 7/2/93 Representing: JOHN L. DANIELSON, JR., INC.

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