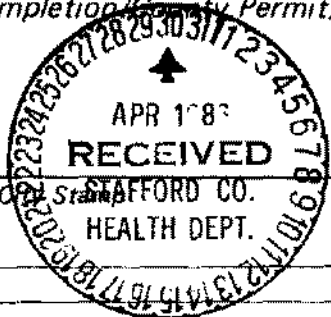


COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

(Certification of Completion/County Permit)

•BWCM No. _____

49-14-2



SWCB Permit _____
County Permit _____
Certification of inspecting official:
This well does _____ does not
meet code/low requirements.
S. _____
Date _____
For Office Use

County/City Stafford County

•Virginia Plane Coordinates
N _____
E _____
Latitude & Longitude
N _____
W _____
•Topo. Map No. _____
•Elevation _____ ft.
•Formation _____
•Lithology _____
•River Basin _____
•Province _____
•Type Logs _____
•Cuttings _____
•Water Analysis _____
•Aquifer Test _____

•Owner Dale Lehtma
•Well Designation or Number _____
Address Rt. 4 Box 434
Stafford, VA. 22554
Phone _____
•Drilling Contractor Van's Construction Co., Inc.
Address P.O. Box 3306
Fredericksburg, VA. 22402
Phone 373-7502

Tax Map I.D. No. _____
Subdivision Marlboro Point
Section _____
Block _____
Lot _____
Class Well. I _____, IIA _____
IIB _____, IIIA _____, IIIB X
IIIC _____, IIID _____, IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ (feet/miles _____ direction) of Rt. 621 Marlboro Pt. Stafford
(If possible please include map showing location marked)
Date started 6-4-85 • Date completed 6-4-85 Type rig Boring

I. WELL DATA: New X Reworked _____ Deepened _____
•Total depth 54 ft.
•Depth to bedrock _____ ft.
•Hole size (Also include reamed zones)
• 30 inches from 0 to 20 ft.
• 28 inches from 20 to 54 ft.
• _____ inches from _____ to _____ ft.
•Casing size (I.D.) and material
• 24 inches from 0 to 54 ft.
Material concrete
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
•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 0 to 20 ft. Type neat
•From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature _____ of _____
•Static water level (unpumped level-measured) 17 ft.
•Stabilized measured pumping water level _____ ft.
•Stabilized yield 5 gpm after est. bail method hours
Natural Flow: Yes _____ No X, flow rate _____ gpm
Comment on quality clear
3. WATER ZONES: From 17 To 54
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____
4. USE DATA:
Type of use: Drinking X, Livestock Watering _____
Irrigation _____ Food processing _____ Household X
Manufacturing _____ Fire safety _____ Cleaning _____
Recreation _____ Aesthetic _____ Cooling or heating _____
Injection _____, Other _____
•Type of facility: Domestic X, Public water supply _____
Public institution _____ Farm _____, Industry _____
Commercial _____, Other _____
5. PUMP DATA: Type sub • Rated H.P. 1/3
• Intake depth 100 • Capacity 12 at 190 head
6. WELLHEAD: Type well seal pitless
Pressure tank 42 gal., Loc. house
Sample tap X, Measurement port _____
Well vent _____, Pressure relief valve _____
Gate valve X, Check valve (when required) _____
Electrical disconnect switch on power supply _____
7. DISINFECTION: Well disinfected X yes _____ no _____
Date 7-18-85, Disinfectant used chl. tablets
Amount _____, Hours used _____
8. ABANDONMENT (where applicable) • yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____

Owner _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or on a pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

Dept. of Insp.
 Commonwealth of Virginia
 Department of Health
 F.H.A. or V.A. Case Number
 Accessible

10. DRILLERS LOG (use additional Sheets if necessary)

11.

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To			
0	54	clay & sand		

13. Well not dedicated? _____; Size _____ ft. X _____ ft., Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ 60 p.s.i. for _____ 10 minutes. Pipe size _____ 1 inches, Material _____ plastic
 Installer _____ Van's Construction Co., Inc.
 Date _____ 7-18-85

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-828-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 3312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7432

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

Signature Sue Shelnett (Seal), Date 4-29-86
 (Well driller or authorized person)
 License No. _____