

**COMMONWEALTH OF VIRGINIA  
WATER WELL COMPLETION REPORT**

• BWCM No. \_\_\_\_\_

(Certification of Completion/County Permit)

Control Board  
\_\_\_\_\_ St.  
Va. 23230

Contractor Leonard A. Selzer  
2424 Broadview Rd.  
Stafford Va 22554  
752-4646

BWCB 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/City Stamp

• Virginia Plane Coordinates  
N \_\_\_\_\_  
E \_\_\_\_\_  
Latitude & Longitude  
N \_\_\_\_\_  
W \_\_\_\_\_

• Topo Map No. 182.C  
• Elevation \_\_\_\_\_ ft.  
• Formation \_\_\_\_\_  
• Lithology \_\_\_\_\_  
• River Basin \_\_\_\_\_  
• Province \_\_\_\_\_  
• Type Logs D. L.  
• Cuttings N. A.  
• Water Analysis \_\_\_\_\_  
• Aquifer Test \_\_\_\_\_

• Owner Boulder Tracy Home - 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

Tax Map I.D. No. <u>49C2-12-2</u>
Subdivision _____
Section <u>Parcel D</u>
Block _____
Lot _____
Class Well: I _____, IIA _____
IIIB _____, IIIA _____, IIIB <input checked="" type="checkbox"/>
IIIC _____, IIID _____, IIIE _____

WELL LOCATION: 3/10 feet North (direction) of intersection of 681 & 621  
and 3/10 feet W (direction) of 621 (Marlborough Point)  
(If possible please include map showing location marked)  
Date started 10/10/85 Date completed 10/10/85 Type rig Boring Rig  
• L.D. casing holds 30.5 gal. of water per foot.

Approximate Drawdown 10 ft.

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

• Total depth 76 (Filled to 73 Fe) 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>76</u> ft.
• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• <u>24</u> inches from <u>+1</u> to <u>76</u> ft.
Material <u>cement</u>
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 _____ to _____ ft. Type _____
• From _____ to _____ ft. Type _____

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

• Static water level (uncased level measured) 35

• Stabilized measured pumping water level 45

• Stabilized yield 3.5 gpm after \_\_\_\_\_

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

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

3. WATER ZONES: From 35 To 65

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

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

4. 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 Tracy Home

*Granting &*

OVER

