

HEALTH OF VIRGINIA  
 WATER WELL COMPLETION REPORT  
 (Certification of Completion/County Permit)

• BWCM No. \_\_\_\_\_

County/City Stafford

County/City Stamp \_\_\_\_\_

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

Tax Map I.D. No. 55-66  
 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_  
 Block \_\_\_\_\_  
 Lot \_\_\_\_\_  
 Class Well: I \_\_\_\_\_, II A \_\_\_\_\_, II B , II C \_\_\_\_\_, III A \_\_\_\_\_, III B \_\_\_\_\_, III C \_\_\_\_\_, III D \_\_\_\_\_, III E \_\_\_\_\_

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

• Topo Map No. 182C  
 • Elevation \_\_\_\_\_ ft.  
 • Formation \_\_\_\_\_  
 • Lithology \_\_\_\_\_  
 • River Basin \_\_\_\_\_  
 • Province \_\_\_\_\_  
 • Type Loys 1, L.  
 • Cuttings N. A.  
 • Water Analysis \_\_\_\_\_  
 • Aquifer Test \_\_\_\_\_

• Owner George R. Parry  
 • Well Designation or Number \_\_\_\_\_  
 Address Route 11, Box 284  
Fredericksburg, Va 22405  
 Phone 373-6349

• Drilling Contractor John L. Danielson, Jr., Inc.  
 Address 4616 Hood Drive  
Fredericksburg, Virginia 22401  
 Phone (703) 898-6025

WELL LOCATION: 4/10 (feet/miles South direction) of intersection of 616 & 606  
 and 50 (feet/miles East direction) of 606 (Ferry Road)  
 (If possible please include map showing location marked) East S. J. 7206 - 4/10 m.  
 water rose 5 ft. in 30 min. @ time of installation.  
 24" I.D. casing holds 23.5 gal. of water per foot.  
 Date started 7/15/86 • Date completed 7/15/86 Type rig Boring Rig

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

• Total depth 67 ft. (Pier 2. WATER DATA • Water temperature \_\_\_\_\_ of  
 (1 Attempt) • Static water level (unpumped level measured) 53 ft.  
 • Depth to bedrock \_\_\_\_\_ ft. (7/9, 7/11) • Stabilized measured pumping water level 63 ft.  
 • Hole size (Also include reamed zones) (Reamed all the way down) (55') • Stabilized yield 4 gpm after 10 hours  
 • 39 inches from \_\_\_\_\_ to 67 inches from \_\_\_\_\_ ft. Used Steel Natural Flow: Yes \_\_\_\_\_ No  flow rate \_\_\_\_\_ gpm  
 • \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft. Comment on quality \_\_\_\_\_  
 • \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft. Sleeves  
 • (Casing size (I.D.) and material) (24" inches from \_\_\_\_\_ to \_\_\_\_\_ ft. Through Casing Material, etc. from Approx. 45 to 67' Replaced Well  
 Material concrete Casing • WATER ZONES: From 53 To 67'  
 Wt per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in. USE DATA:  
 • \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft. Type of use: Drinking  Livestock Watering \_\_\_\_\_  
 Material \_\_\_\_\_ Wt per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in. Irrigation \_\_\_\_\_ Food processing \_\_\_\_\_ Household   
 • \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft. Manufacturing \_\_\_\_\_ Fire safety \_\_\_\_\_ Cleaning \_\_\_\_\_  
 Material \_\_\_\_\_ Wt per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in. Recreation \_\_\_\_\_ Aesthetic \_\_\_\_\_ Cooling or heating \_\_\_\_\_  
 • \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft. Injection \_\_\_\_\_ Other \_\_\_\_\_  
 Material \_\_\_\_\_ Wt per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in. • Type of facility: Domestic  Public water supply \_\_\_\_\_  
 Public institution \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
 Commercial \_\_\_\_\_ Other \_\_\_\_\_

• Gravel pack  
 • From 20 to 67 ft. washed gravel 1 load + 7/16/86  
 • From \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_

• Grout  
 • From 0 to 20 ft. Type 1-1-2 Mix  
 • From \_\_\_\_\_ to \_\_\_\_\_ ft. Type \_\_\_\_\_

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 \_\_\_\_\_

DISINFECTION: Well disinfected \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
 Date \_\_\_\_\_, Disinfectant used \_\_\_\_\_  
 Amount \_\_\_\_\_, Hours used \_\_\_\_\_

7. ABANDONMENT (where applicable) • yes \_\_\_\_\_ no \_\_\_\_\_  
 Casing pulled yes \_\_\_\_\_ no \_\_\_\_\_ not applicable \_\_\_\_\_  
 Plugging grout From \_\_\_\_\_ to \_\_\_\_\_ material \_\_\_\_\_  
 Pump installation through Mr. Parry

OVER