

County/City Stafford

County/City Stamp

• Virginia Plane Coordinates

N

E

Latitude & Longitude

N

W

• Topo. Map No. 182D

• Elevation _____ ft.

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type Logs D₂ L₂

• Cuttings N. A.

• Water Analysis _____

• Aquifer Test _____

• Owner Gregory R. Sullivan

• Well Designation or Number _____

Address _____

Phone _____

• Drilling Contractor John L. Danielson, Jr., Inc.

Address 4616 Hood Drive

Fredericksburg, Virginia 22401

Phone (703) 898-6025

WELL LOCATION: 3/4 (feet/miles) S. direction of intersection of _____

and _____ (feet/miles) (direction) of _____

(If possible please include map showing location marked)

Water rose 1 ft. in 30 min. @ time of installation
24" I.D. casing holds 75.5 gal. of water per foot.

Date started 10/23/89

• Date completed 10/23/89

Type rig Boring Rig

Approximate Drawdown 20 ft.

WELL DATA: New _____ Reworked _____ Deepened _____

• Total depth _____ ft.

• Depth to bedrock On Fossil Formation ft.

• Hole size (Also include reamed zones)

• 39 inches from 0 to 20 ft.

• 27 inches from 20 to 48 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 24 inches from +1 to 48 ft.

Material cement Concrete Casing

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 _____

Gravel Backfill, Shrouding &

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

For Office Use
189-88-134
Tax Map I.D. No. 60-72-2
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____ IIA _____
IIB _____ IIIA _____ IIIB
IIIC _____ IIID _____ IIIE _____

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 24 ft.

• Stabilized measured pumping water level 44 ft.

• Stabilized yield 34 gpm after 30 min. installation

Natural Flow: Yes _____ No flow rate _____ gpm

Comment on quality _____

3. WATER ZONES: From 24 To 28

From 33 To 36 From 39 To 40

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 Greg Sullivan

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			
12' 3"		220 psi		
11' 2"				
11 2 1/2"				
10 4 1/2"				
9 4"				
7 5 1/2"				
5 4 1/2"				
5' 8 1/2"				
7 7"				
8 4"	9 0 1/2"			
9 6.5"	10 0.5"			



13. Well lot 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 _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

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.

Signature Walter T. Deane (Seal), Date 10/27/89
 (Well driller or authorized person) License No. _____

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
 5312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7432

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