

**Commonwealth of Virginia
Uniform Water Well Completion Report**

Owner Bernard White Dallas Henley
 Address 568 Casson Rd Salmaith
 Phone _____
 Location On Rt 603-1 on I

Tax Map ID 60-25-D
 VDH Permit SWP-99-770
 WWCB Permit _____
 WWCB ID _____
 County Stafford

Well Data

General Information

Drilling Method Bored Date Completed 10-11-00 Total Depth of Well 54
 Depth to Bedrock _____ Yield _____ (GPM) Length of Test _____
 Static Water Level _____ Stabilized Water Level _____ Natural Flow (Rate) _____
 Well Disinfected (Y or N) Y Disinfectant Used W, T, N Amount Used 1 cup

Casing

From <u>0</u> To <u>54</u>	From _____ To _____	From _____ To _____
Size <u>30</u> Material <u>concrete</u>	Size _____ Material _____	Size _____ Material _____
Weight / Schedule _____	Weight / Schedule _____	Weight / Schedule _____

Gravel Pack

From <u>54</u> To <u>20</u>	From _____ To _____	From _____ To _____
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Grout

From <u>0</u> To <u>20</u>	From _____ To _____	From _____ To _____
Bore Hole Size <u>40"</u>	Bore Hole Size _____	Bore Hole Size _____
Type <u>concrete</u>	Type _____	Type _____
Method <u>pressed</u>	Method _____	Method _____

Water Zones of Screened Intervals

From _____ To _____	From _____ To _____	From _____ To _____
Mash Size _____ Diam _____	Mash Size _____ Diam _____	Mash Size _____ Diam _____
From _____ To _____	From _____ To _____	From _____ To _____
Mash Size _____ Diam _____	Mash Size _____ Diam _____	Mash 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 No? _____
 If Y, Depth to which casing as removed: _____
 Depth and Type of Fill: _____
 Source of Fill: _____
 Beniontte Plugs: From _____ to _____ From _____ to _____
 Method of permanently making location: _____

Wells other than Bored Wells

Casing removed, Y or No? _____
 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 _____

INSPE
Department of Health
If Applicable
F.H.A. or V.A. Case Number
5/21

Driller's Log

Depth	Description of Formation of Sediment	Remarks
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0-10 clay		
10-15 gravel		
15-20 sand		
20-54 blue clay		

(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 L & H Co. of Montross
Address 527 Crook Horn Road
Montross, Virginia 22520
Phone 804-493-9642

Driller's Signature Donald Hal
Date 10-11-00 Representing L & H Co.

Virginia Contractor's License Number 2701-014004A