

Rev 1-11-08

WELL COMPLETION REPORT

Date(s) 12-12-2007 County Hampshire Permit #: DW-14-08-051
 Town: Springfield Area Name/Location Ashby Forest Lot # 23
 Well Owner: THIERRY Palmer Address: 728 WINTERGREEN DR.
 Telephone Number: 540-338-7890 FURCELLVILLE, VA 20132
 Well Driller: B.W. SMITH WELL DRILLING INC. Address: P.O. BOX 440
 Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-78	Brown shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
78-360	Gray shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
		Well Depth: <u>360'</u> Date Completed: <u>12-12-2007</u>
		CASING: Length <u>100'</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____
		<u>DRIVE SHOE</u> Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>100</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft. Below Grade)	<u>358</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Grouting: Yes No
 All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

H₂O = 197' 20 GPM

Name Chris Wolford Certification No. 574
 Registered Business Name B.W. Smith well Drilling
 Signed Chris Wolford Date 12-12-2007