

Interval Sheet

Sheet No. _____

WELL NO. 12345
DATE 1-15-1960
SHEET 1 OF 10
SUNNYvale

— Cuttings

— Core

— Water Well

--- Gas Well

From-To

From-To

From-To

From-To

From-To

-	-	-	-	-
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Total Depth _____

WATER WELL COMPLETION REPORT

Department of Conservation and Economic Development
VIRGINIA DIVISION OF MINERAL RESOURCES

Box 3667, University Station, Charlottesville, Virginia

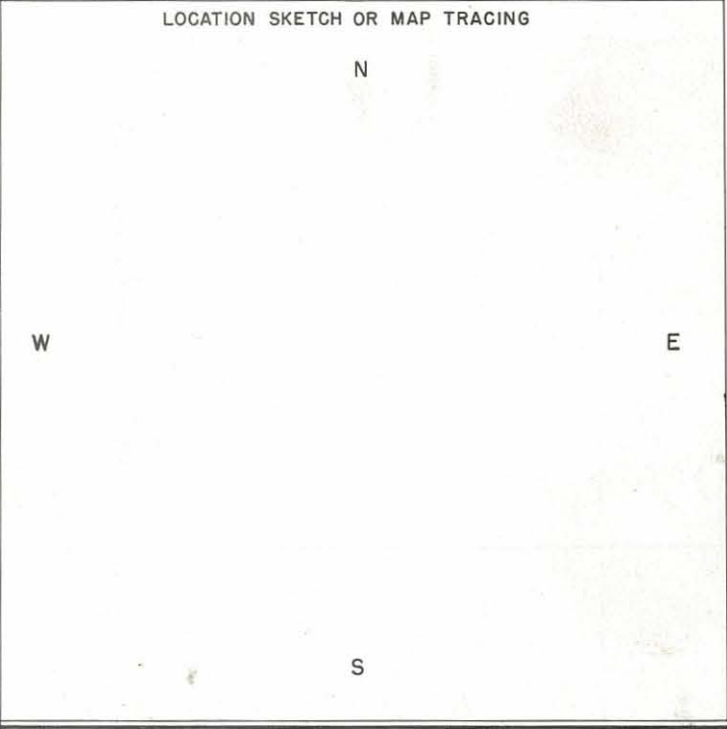
W-0300

OWNER: J. E. Bowling Address: RIVERSIDE VA.

TENENT: _____
WELL LOCATION: Town _____, County Smyth, Approx. _____ ft. miles

(direction) of _____ and _____ ft. miles of _____
(Give directions and distance in feet or tenths of miles from two reference points shown on topographic or county highway maps.)

DRILLER: W. J. Shupp
Address: Atkins Virginia



WATER CONDITIONS

DEPTH

STATIC WATER LEVEL 68 ft.

WATER (aquifers):
(from) _____ (to) _____ (from) _____ (to) _____
ft. _____, ft. _____
ft. _____, ft. _____

YIELD

WELL PUMPED (or bailed) at 2 1/2 G.P.M. with _____ ft. DRAWDOWN
after _____ hrs. PUMPING.

ARTESIAN (natural) FLOW _____ G.P.M.; HEAD 4 ft. (above grnd.)

REMARKS: _____

QUALITY OF WATER

COLOR Clear TASTE _____

ODOR _____ OTHER _____

ANALYSIS: AVAILABLE - Yes No ; ATTACHED - Yes No

TEMPERATURE _____ (from) _____ (to) _____
WATER _____ ft. _____ ft.
(salt, brackish, iron, sulfur, acid, other)

USE OF WATER

FOR Domestic
(domestic, town, industry, irrigation, etc.)

ADEQUACY, PERMANENCE _____

PUMP (installed)

TYPE J.T.

H.P. 3/4 DEPTH OF INTAKE 95 ft.

CONSTRUCTION

RIG TYPE (or method) _____
(rotary, cable, bored, dug, driven, etc.)

DATE STARTED 1/25/59; COMPLETED 2/7/59

TOTAL DEPTH 100 ft.

BEDROCK at 25 ft.

SURFACE ELEVATION _____ ft.

REMARKS _____

HOLE SIZE

(diam.) (from) (to)
5 3/8 in. _____ ft. _____ ft.

CASING SIZE

(diam.) (from) (to)
5 3/8 in. _____ ft. _____ ft.

SCREEN (or perforations)

(diam.) (from) (to) (opening size)
_____ in. _____ ft. _____ ft.

OTHER CONSTRUCTION INFORMATION: (gravel pack, depth and size of shot, packer, plugs, etc.)

100 ft.

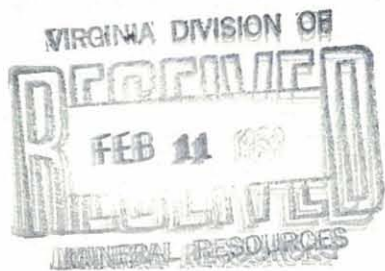
Samples sent 1 Bag of LS Bedrock
Log of well (over) RHD

LOG

FURNISHED BY _____

DATE: _____

DEPTH (feet)		TYPE OF SOIL OR ROCK PENETRATED (gravel, clay, etc., hardness, color, etc)	REMARKS (water, caving, shot, screen, sample, etc.)
FROM	TO		



(Use additional sheets if necessary)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CONSERVATION AND ECONOMIC DEVELOPMENT
DIVISION OF MINERAL RESOURCES

Box 3667, University Station, Charlottesville, Virginia

WATER WELL COMPLETION REPORT

OWNER: J. E. Bowling Mailing Address: River Side, Va.
TENANT: _____ Mailing Address: _____
DRILLER: W. J. Shupp Mailing Address: Atkins, Virginia
WELL LOCATION: County Smyth Approx. _____ ft. _____ miles
(direction) of _____ and _____ ft. _____ miles of _____
(Give direction and distance in feet or tenths of mile from two reference points - roads, towns, rivers, etc. - on county highway or other map.)

WATER CONDITIONS

DEPTH 68 ft.
STATIC WATER LEVEL _____
WATER ZONES (fissures or formations supplying water)
(from) _____ (to) _____ (from) _____ (to) _____
ft. _____ ft. _____
ft. _____ ft. _____

QUANTITY OF WATER

WELL PUMPED (or bailed) at 2 1/2 Gal. per Min. with _____ feet DRAWDOWN after _____ HOURS PUMPING.
FLOW (natural) _____ G.P.M. HEAD _____ ft. (above ground) **W**
REMARKS: _____

QUALITY OF WATER

COLOR Clear TASTE _____
ODOR _____ OTHER _____
ANALYSIS: AVAILABLE - Yes No ATTACHED Yes No
TEMPERATURE _____
WATER (from) _____ ft. (to) _____ ft.
(salt, brackish, iron, sulfur, acid, other)
USE OF WATER: Domestic Town Industry Farm Public

CONSTRUCTION

RIG TYPE (or method) _____
(rotary, cable, bored, driven, etc...)
DATE: Started 1-25-59; Completed 2-7-59
TOTAL DEPTH 100 ft.
BEDROCK at 25 ft.

GROUTING INFORMATION

METHOD USED _____
GROUTING MATERIAL _____
DEPTH OF GROUTING _____

HOLE SIZE

CASING SIZE

(diam) (from) (to) (diam) (from) (to)
5 5/8 in. _____ ft. _____ ft. 5 5/8 in. _____ ft. _____ ft.

SCREEN (or perforations)

(diam) (from) (to) (opening size)
_____ in. _____ ft. _____ ft.

PUMP (installed)

TYPE _____ Cap. (gpm) _____
H.P. _____ Depth of intake _____ ft.

REMARKS: _____

