214

INTERVAL SHEET

Pagel		VDMR Well No.:	569	
Date10-18-61		Sample Interval:	from 0 to 500	
PROP: WESTERN STAT	TE HOSPITAL #4	Total depth		
COMP: SYDNOR		OilGas	Water_xExploratory	
COUNTY: AUGUSTA		Cuttings_xCo	oreOther	
From-To	From-To	From-To	From-To	From-To
	0 - 10 10 - 20 20 - 30 30 - 40	300 - 310 310 - 320 320 - 330 330 - 340	See Well # 519 for washed_samples	500 500 500 500
-	40 - 50	340 - 350		-
	50 - 60 60 - 70 70 - 80 80 - 90 90 - 100	350 - 360 360 - 370 370 - 380 380 - 390 390 - 400	600 600 600	-
-	100 - 110 110 - 120 120 - 130 130 - 140 140 - 150	400 - 410 410 - 420 420 - 430 430 - 440 440 - 450		ens Inst Un Inst
-	150 - 160 160 - 170 170 - 180 180 - 190 190 - 200	450 - 460 460 - 470 470 - 480 480 - 490 490 - 500		100 100 100 100
-	200 - 210 210 - 220 220 - 230 230 - 240 240 - 250	-		10 10 10 10
	250 - 260 260 - 270 270 - 280 280 - 290 290 - 300	600 600 600 600	100 100 100	603 603 605

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF CONSERVATION AND ECONOMIC DEVELOPMENT

DIVISION OF MINERAL RESOURCES

WWCR 214 **VDMR** 569

Box 3667, University Station, Charlottesville, Virginia WATER WELL COMPLETION REPORT _ Moiling Address: Staunton, Virginia OWNER: Western State Hospital #4 TENANT:_ _ Mailing Address __ Moiling Address: Richmond, Virginia DRILLER: Sydnor Pump & Well Co., Inc. WELL LOCATION: County Augusta (Staunton) ___ Approx. _ (direction) of De Jarnette Sanitorium (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 STATIC WATER LEVEL ___ WATER ZONES (fissures or formations supplying water) (from) QUANTITY OF WATER WELL PUMPED (or bailed) at $3\frac{1}{4}$ Gal. per Min. with ____feet <u>DRAWDOWN</u> after _____HOURS PUMPING. E FLOW (natural) ______G.P.M. HEAD____ft. (above ground) W REMARKS:____ QUALITY OF WATER _____ TASTE _ COLOR ___ _____ OTHER __ ODOR ____ ANALYSIS: AVAILABLE- Yes | No DE ATTACHED YES | No DE TEMPERATURE ____ (from) (salt, brackish, iron, sulfur,acid, other) USE OF WATER: Domestic | Town | Industry | Farm | Public | CONSTRUCTION HOLE SIZE CASING SIZE RIG TYPE (or method) Air Rotary (rotary, cable, bored, driven, etc..) (diam.) (diam) (to) removed 100 DATE: Started 4/18/61 ; Completed 4/25/61 100 -500 -TOTAL DEPTH 500 SCREEN (or perforations) (diam.) (from) (opening size) BEDROCK at 1½ ft. (to) GROUTING INFORMATION PUMP (installed) METHOD USED___ TYPE _____ ____. Cap. (gpm)___ GROUTING MATERIAL_ DEPTH OF GROUTING_ H.P._____ Depth of intake__ REMARKS: Abandoned

FURNISHED BY Sydnor Pump and Well Company, Inc.

_____DATE: September 20, 1961

DEPTH (feet)		TYPE OF SOIL OR ROCK PENETRATED		REMARKS	
FROM	TO	(gravel, clay, etc., hardness, color, etc)		(water, caving, shot, screen, sample, etc.)	
				TILE OF	
0	12	Brown clay	.001	Sydnor Bung a Well Co. s	
12	45	Gray limestone - hard	(neten)	ELC. LOCATION: sent Augusta (Etc.	
45	500	Gray limestone - hard	multotins	ordenist all a learned	
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1	less year-	(mag) goo SAYT		MAL DERTH BOO DERDEK OF 18 N GROUTING INFORMATION THOO USED BOTTING MATERIAL	
	(an	(mag) goo SAYT		MAL DERTH BOO DERDEK OF 18 N GROUTING INFORMATION THOO USED BOTTING MATERIAL	
	land general	(mag) goo SAYT		MAL DERTH BOO BORDOK of 18 'N GROUTING INFORMATION THEO USED BOUTING MATERIAL	
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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF CONSERVATION AND ECONOMIC DEVELOPMENT

DIVISION OF MINERAL RESOURCES THE OTHER MENTALS

WATER WELL COMPLETION REPORT

Box 3667,

University Station, Charlottesville, Virginia

OWNER Western State Hospital #4 Staunton, Virginia _ Mailing Address:___ - Mailing Address:__ DRILLER: Sydnor Pump & Well Co., Inc. Mailing Address: Richmond, Virginia WELL LOCATION: County Augusta STAUNTUN Approx. ft. (direction) of De Jarnette Sanitorium and (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 STATIC WATER LEVEL __ WATER ZONES (fissures or formations supplying water) (from) (to) QUANTITY OF WATER WELL PUMPED (or bailed) at _____ Gal. per Min. with _____feet DRAWDOWN after _____HOURS PUMPING. FLOW (natural) _____G.P.M. HEAD___ft. (above ground) W REMARKS:___ QUALITY OF WATER _____TASTE_ ODOR _____ OTHER __ ANALYSIS: AVAILABLE- Yes | No. ATTACHED Yes | No | TEMPERATURE ___ (salt, brackish, iron, sulfur, acid, other)
WATER (from) ft. USE OF WATER: Domestic - Town - Industry - Farm - Public CONSTRUCTION HOLE SIZE CASING SIZE RIG TYPE (or method) (rotary, cable, bored, driven, etc...) (diam) (from) (to) removed DATE: Started 4/18/61; Completed 4/25/61 TOTAL DEPTH 500 ft SCREEN (or perforations) (from) BEDROCK at ___ (diam.) _ft _ GROUTING INFORMATION PUMP (installed) METHOD USED____ TYPE_____. Cap. (gpm)___ GROUTING MATERIAL DEPTH OF GROUTING____ _____. Depth of intake___ REMARKS: Abandoned Log of well (over)

DEPTH (feet)		TYPE OF SOIL OR ROCK PENETRATED	REMARKS		
(feet) FROM TO		(gravel, clay, etc., hardness, color, etc)		(water, caving, shot, screen, sample, etc.)	
0 13 45	13 45 500	Brown clay Gray limestone - hard Gray limestone - hard		NANT ILLER ELLE \$30 LL LOCATION	
		(100 mm 11 t 100 mm 12 m		ATIC WATER LEVEL TER ZONES (fissures of formations supplications) (from) (from)	
		w.		HOH HOT DRAWDOWN after	
				ABBKS OUALITY OF WATER OR TASTE OR OTHER	
			3 (97)	ALYOIS AVAILABLE— VACTO NOTE ATTACHED TO A METER (1999) TO DESCRIPT, NOT, SETTINGUE, SHOW OF COMPANY OF THE PROPERTY OF THE P	
(01)	MG SIZE	200 3518 3.10H 200 (mail) (moli) (moli) (moli) (moli)		TYPE (or method) 2 to 10	
	(2) (4)2 0/10/4	ortexolaeq 18) N 3 3 7 88 (mest) (mest) (mest)		ML DERTH. 3/35 11	
		1 YPE (000) (000) (000)		GROUTING INFORMATION THOD USED. OTHUG MATERIAL TH' OF GROUTING.	
				AARKS) KELLIGAKAN	
	(asvo)	ew to pol		VIRGINIA DIVISION OF SEP 25 1961	