



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

Box 3667, University Station, Charlottesville, Virginia

WATER WELL COMPLETION REPORT

OWNER: Farm Sec. Adm. Well #1 Mailing Address: \_\_\_\_\_

TENANT: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

DRILLER: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

WELL LOCATION: County Prince Edward 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**

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 \_\_\_\_\_ Gal. per Min. with \_\_\_\_\_ feet **DRAWDOWN** after \_\_\_\_\_ HOURS PUMPING.

FLOW (natural) \_\_\_\_\_ G.P.M. HEAD \_\_\_\_\_ ft. (above ground)

REMARKS: \_\_\_\_\_

**QUALITY OF WATER**

COLOR \_\_\_\_\_ TASTE \_\_\_\_\_

ODOR \_\_\_\_\_ OTHER \_\_\_\_\_

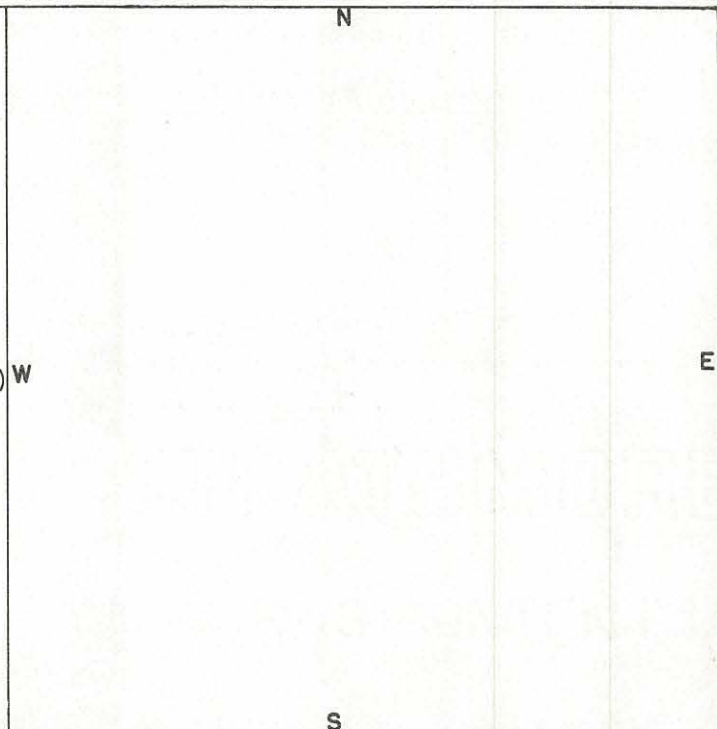
ANALYSIS: AVAILABLE - Yes  No  ATTACHED Yes  No

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 \_\_\_\_\_; Completed \_\_\_\_\_

TOTAL DEPTH 150 ft.

BEDROCK at \_\_\_\_\_ ft.

**GROUTING INFORMATION**

METHOD USED \_\_\_\_\_

GROUTING MATERIAL \_\_\_\_\_

DEPTH OF GROUTING \_\_\_\_\_

**HOLE SIZE** (diam) \_\_\_\_\_ in. (from) \_\_\_\_\_ ft. (to) \_\_\_\_\_ ft.

**CASING SIZE** (diam) \_\_\_\_\_ in. (from) \_\_\_\_\_ ft. (to) \_\_\_\_\_ ft.

**SCREEN (or perforations)** (diam.) \_\_\_\_\_ in. (from) \_\_\_\_\_ ft. (to) \_\_\_\_\_ ft. (opening size)

**PUMP (installed)**

TYPE \_\_\_\_\_ Cap. (gpm) \_\_\_\_\_

H.P. \_\_\_\_\_ Depth of intake \_\_\_\_\_ ft.

REMARKS: \_\_\_\_\_

\_\_\_\_\_

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