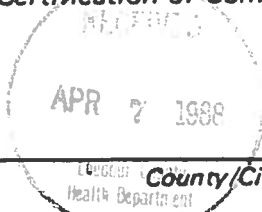


COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230



County/City Loudoun County

SWCB Permit _____
County Permit _____
Certification of inspecting official:
This well does _____ does not _____
meet code/low requirements.
S. _____
Date _____
For Office Use

Virginia Plane Coordinates
475000 N
2245000 E
Latitude & Longitude
N
W
Topo. Map No. 206B
Elevation _____ ft.
Formation _____
Lithology _____
River Basin _____
Province _____
Type Logs Drillers
Cuttings _____
Water Analysis _____
Aquifer Test _____

Owner Mr. Ronald Grubbs
Well Designation or Number 609FSW87
Address 14 Red Wing Court
Sterling, VA 22170
Phone 430-4829

Drilling Contractor Valley Drilling Corporation of VA
Address Rt. 1 Box 6K
Upperville, VA 22176
Phone 703-592-3239

Rt. 50 east right on Rt. 631 fourth driveway on _____
the right.

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ (feet/miles _____ direction) of _____
(If possible please include map showing location marked)

Date started 4/5/88 Date completed 4/5/88 Type rig Rotary

Tax Map I.D. No. 89((2))1
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____, IIA _____
IIB _____, IIIA X, IIIB _____
IIIC _____, IIID _____, IIIE _____

1. WELL DATA: New X Reworked _____ Deepened _____

Total depth 500 ft.

Depth to bedrock 50 ft.

Hole size (Also include reamed zones)
• 10 inches from 0 to 143 ft.
• 6 inches from 143 to 500 ft.

Casing size (I.D.) and material
• 6 inches from +1 to 144 ft.
Material Steel
Wt. per foot #13 or wall thickness .188 in.

• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.

Screen size and mesh for each zone (where applicable)
• _____ inches from _____ to _____ ft.
Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.
Mesh size _____ Type _____

Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.

Grout
• From 0 to 60 ft., Type Cement
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature 56 °

Static water level (unpumped level-measured) 70

Stabilized measured pumping water level _____

Stabilized yield 2½ gpm after 2½ hours

Natural Flow: Yes _____ No X flow rate _____ g pr

Comment on quality Clear

3. WATER ZONES: From _____ To 1gpm @ 325'

From _____ To _____ From ½gpm @ 365'

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking X Livestock Watering _____

Irrigation _____ Food processing _____ Household X

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other _____

Type of facility: Domestic X Public water supply _____

Public institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type _____ Rated H.P. _____

Intake depth _____ Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

Pressure tank _____ gal. Loc. _____

Sample tap _____ Measurement port _____

Well vent _____ Pressure relief valve _____

Gate valve _____ Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no _____

Date _____ Disinfectant used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

LOUDOUN COUNTY HEALTH DEPARTMENT
APPLICATION FOR CONSTRUCTION — SEWAGE DISPOSAL/WATER SUPPLY

APPLICANT RONALD L. DITZLER HOME TELEPHONE (703) 361-3868
 MAILING ADDRESS 7535 WHITEHALL DR. OFFICE TELEPHONE 689-6509
MANASSAS, VA 22111
 OWNER ROBERT AND FRANCES BROWNELL TELEPHONE 471-1238
 MAILING ADDRESS 1320 EAST HOLLY AVE.
STERLING, VA 22170

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) SOUTH ON RT. 15 TO RT. 50
TURN RIGHT ON RT. 50 WEST TO RT. 631. TURN LEFT ON 631. GO ABOUT 1 MILE TO
PROPERTY ON RIGHT.
 PROPERTY IDENTIFICATION NUMBER: SEC. 89(2) PARCEL 1 (AVAILABLE FROM COMM. OF REV.)
 (IF APPLICABLE) NAME OF SUBDIVISION: SADDLE RIDGE SEC. LOT 1
 ACRES AND/OR SQ.FT. IN THIS PARCEL: 10.3 ATTACH PLOT PLAN (SKETCH) ON FORM PROVIDED.
 TYPE OF SEWAGE DISPOSAL: 448,668 sq ft

- TYPE OF SEWAGE DISPOSAL:
- PROPOSED
 - EXISTING
 - REPAIR
 - INTERMITTENT
 - PUBLIC SEWER (SYSTEM: _____)
 - SEPTIC TANK DRAINFIELD SYSTEM
 - OTHER (DESCRIBE: _____)

- TYPE OF WATER SUPPLY:
- PROPOSED
 - EXISTING
 - PUBLIC-CENTRAL (SYSTEM NAME: _____)
 - PRIVATE DRILLED WELL
 - OTHER (DESCRIBE: _____)

- TYPE OF CONSTRUCTION:
- PROPOSED
 - EXISTING
 - REMODELING (DESCRIBE: _____)
 - SINGLE FAMILY DWELLING
 - COMMERCIAL
 - OTHER
- ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES — INCLUDE NO. OF EMPLOYEES, ETC. AND ALL OTHER PERTINENT INFORMATION

FIXTURES TO BE INSTALLED:

DISHWASHING MACHINES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
AUTO. CLOTHES WASHERS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
GARBAGE DISPOSAL UNITS	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

CONSTRUCTION INFORMATION:

Number of marketable bedrooms 3
 Will foundation be chemically treated for termites? YES NO
 Will plumbing fixtures be installed in basement? YES NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES
 IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) SEE CASE # 660F77, 10/12/78

THE PROPERTY LINES AND BUILDING LOCATION ARE CLEARLY MARKED AND THE PROPERTY IS SUFFICIENTLY VISIBLE TO SEE THE TOPOGRAPHY. I GIVE PERMISSION TO THE DEPARTMENT TO ENTER ONTO THE PROPERTY DESCRIBED FOR THE PURPOSE OF PROCESSING THIS APPLICATION.

IF THE APPLICANT IS OTHER THEN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE: Ronald L. Ditzler
 DATE: 10/3/84
 LEGAL OWNER: Robert Brownell
 DATE: 10-5-84

ATTACH PLOT PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
 65A GIBSON ROAD, LEESBURG, VIRGINIA 22075-2193

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED _____	DATE _____	INITIAL _____	SYSTEM TYPE _____	PLANS RECEIVED _____	FHA/VA No. _____
SITE VISIT _____				ENGINEER'S NAME _____	
SOIL EVALUATION _____				TELEPHONE NO. _____	
APPROVED/DISPROVED _____				OTHER APPROVAL REQUIRED _____	
COMMENTS: _____					

ZONING CLEARANCE GRANTOR _____

DATE: 10/19/84 FEE PAID YES NO
 APPLICATION NUMBER: 0001060 (ATTACH RECEIPT)
 PLANNIMETRIC MAP-NUMBER: _____

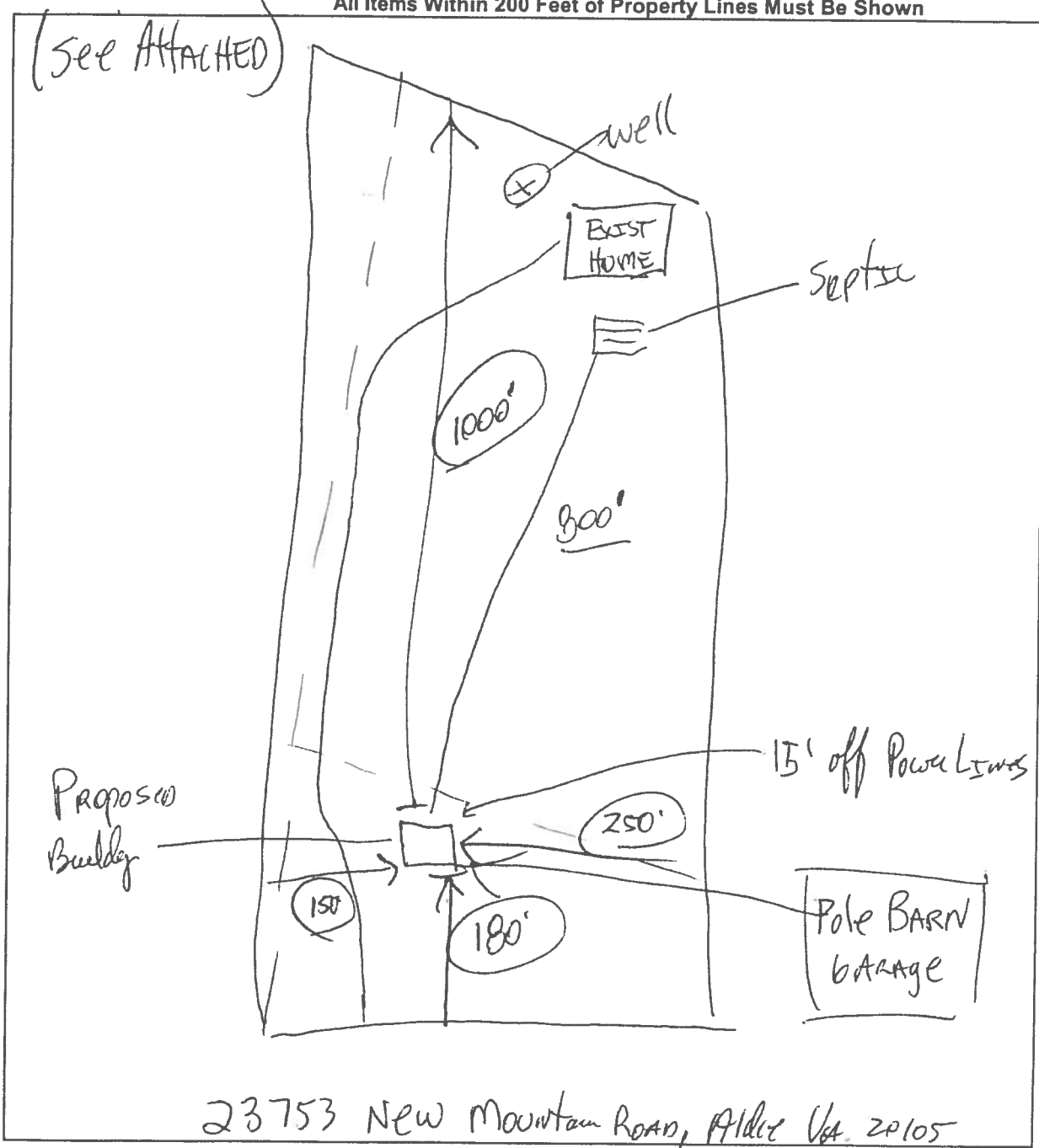
NOTE: COMPLETE ALL SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED.
 (CALL 703-777-0234 FOR ASSISTANCE)

All Items Below Are Required To be Shown On the Site Plan

- Property Lines (proposed and existing)
- House & Structures (proposed and existing)
- Sewage System (DF, privy, P & H, discharge, cesspool, etc.) proposed and existing
- Site features, topographical (drainage ways, Swamy areas, rock outcrops, sinkholes, disturbed soil areas, dump sites, fuel tanks, etc.)
- Underground utilities (must be field marked) proposed and existing
- Water supply (wells, springs, cisterns, etc.) proposed and existing

SEE APPLICATION PAMPHLET FOR MORE DETAILS

All Items Within 200 Feet of Property Lines Must Be Shown



I have accurately and clearly shown all required items on this Site Plan.

Owner/Agent DELP Date 4/5/04