

Record Of Inspection-Nonpublic Drinking Water Supply System

Commonwealth of Virginia Department of Health

Local Health Department: Rockbridge-Lexington Health Department

Phone: (540) 463-3185

Tax Map: 72-3-25

Subdivision: Colliers Hills

Block:, Lot: 25

Date June 25, 2004

Owner: MUIR, Malcolm

Owner Address: 155 Thomas Rd.
Lexington, Virginia 24450

Health Department I.D. #: 181-03-0222

Location: 155 Thomas Rd.

Well Driller: <Gilliam & Mundy Drilling Company, Inc.>

Class of nonpublic drinking water well.

1) Class III A	___
2) Class III B	___
3) Class III C	<u>X</u>
4) Class IV	___

Date of Installation: 10/21/2003

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

1. Water well completion report filed as required by Sec. 12 VAC 5-630-440. <Yes>
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations. Building Sewer <> 50'> Pretreatment Unit <> 50'> Conveyance System < > 75'> Subsurface Soil Absorption System < > 100'> (nearest point). Property Line <>5'> , Other <_____>
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations). Total depth of well <325'>. Type of casing <steel> Depth of casing <41'>. Diameter of casing <6.25">. Casing extends above the ground <12">. Exterior space sealed with neat cement grout/bentonite (circle one) to a depth of <_____>. Screens constructed of <_____> free of rough edges and irregularities, with positive watertight seal between screen and casing? Well head and opening to the interior protected? <_____> Type of well seal <_____>. Pitless adapter used? <_____> Proper venting? <_____>
4. Quantity: Yield and drawdown determined by continuous pumping of <1 hour>. Drawdown <_____>. Yield <20 GPM>. Type of storage <_____>.
5. Quality: Sample tap provided at entry into system? <_____> Samples(s) collected? <Yes> Results of samples. <Satisfactory> Date of Sample. <6/17/2004>

Remarks:

Date: June 25, 2004

Signed



John Burleson, Environmental Health Specialist

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Malcom Muir
Address PO Box 746
Lexington VA 24450
Phone 463-4650
Location Colliers Hills Lot 25

Tax Map ID 72-3-25
VDH Permit 181-03-0221
VWCB Permit _____
VWCB ID _____
County Rockbridge

•Well Data•

General Information

Drilling Method Air
Depth to Bedrock 19'
Static Water Level _____
Well Disinfected (Y or N) _____

Date Completed 10.21.03
Yield 20 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 325'
Length of Test 1hr
Natural Flow (Rate) _____
Amount Used _____

Casing

From +1' to 41'
Size 6 1/4" Material Steel
Weight/Schedule 13/188

From ~~+1'~~ to ~~_____~~
Size ~~6"~~ Material Plastic
Weight/Schedule SCH40

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack

From _____ to _____

From _____ to _____

From _____ to _____

Grout

From 0 to 20'
Bore Hole Size 10"
Type Hole Plug
Method Pour

From _____ to _____
Bore Hole Size _____
Type _____
Method _____

From _____ to _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

From 310 to 315
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

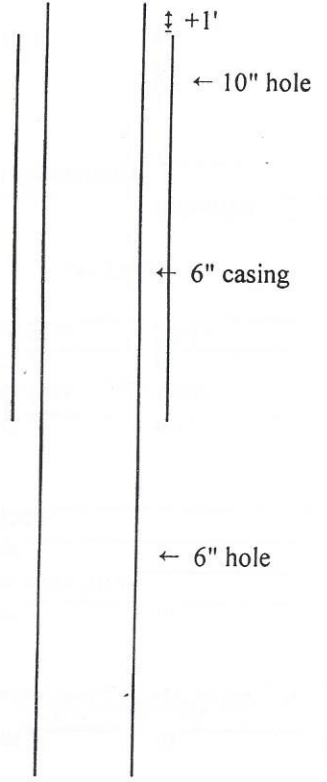

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

•Use Data•

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____

(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
<p>42' → Casing</p> <p>325 → Deep</p>		<p>0-19' Clay</p> <p>19'-325' Limestone</p> 

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Drilling

Contractor Gilliam & Mundy Drilling Company, Inc.

Address 17500 Main Street, Post Office Box 800, Buchanan, VA 24066

Phone (540) 254-2350 Lexington (540) 463-2268 FAX (540) 254-1646

Drillers Signature *Jay W. Mundy* Date 11-17-03

Representing Gilliam & Mundy Drilling Company, Inc.

Virginia Contractors License Number 2701 022359A Classification WWC

SENT BY: ENVIROCOMPLIANCE LABORATORIES;
TO: FR&R

540 248 4804;
AT: 15404635744

JUN-21-04 10:22;

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LABORATORIES, INC
Frank's Pump and Repair Shop
Attn: Frank
2384 N. Lee Hwy
Lexington, Va 24450

Certificate of Analysis

P. O. Box 818
Mid Valley Lane
Verona, Virginia 24482
Phone 540 248 1311
Fax 540 248 4804

Project No. : June 2004
Project Name : MUIR Job
Date Received: June 17, 2004
Date Sampled : June 17, 2004
Time Sampled : 08:00
Date Issued : June 21, 2004

Sample ID : Private Well

Parameter	Result	Units	DL	Date/Time Prepared	Date/Time Analyzed	Method	Analyst
Fecal Coliform	Negative		--	06-17/1219	06-19/1120	9221	NMM
Total Coliform	Negative		--	06-17/1219	06-19/1120	9221	NMM

This water sample does meet the standards for total coliform bacteria set by the state health department.

Lab Certification Number: 00140

Tamara G. Hostetter
Laboratory Manager

V4653036-1



Rockbridge-Lexington
Health Department
P. O. Drawer 900
Lexington, Virginia
24450
(540) 463-3185
Fax(540) 463-6677

Private Well Construction Permit
Health Department ID Number: 181-03-0221

Owner Information			
MUIR, Malcolm PO Box 746 Lexington, Virginia 24450		Phone:	(540) 463-4650
Location Information			
Subdivision Name:	Colliers Hills	Tax Map:	72-3-25
Property Address:	Thomas Rd.	GPIN:	
County:	Rockbridge	Legal Description:	Section Block Lot 25
Directions:	W. on 251, N. on Thomas Rd. .2 mi. on left		
General Information			
Well Class:	Class IIIC <input checked="" type="checkbox"/>	Minimum Casing Depth: 20	Minimum Grout Depth: 20

Comments:

INSP 5/5/2004 QTR

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

Owner Information	
MUIR, Malcolm PO Box 746 Lexington, Virginia 24450	Phone: (540) 463-4650 HD ID #: 181-03-0221
Construction Drawing	
Scale drawing of the well site and related features.	

Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Site Evaluation Conducted By:

Sean R Comer
Sean R Comer

09/04/2003
Issue Date

03/04/2005
Expiration Date