



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

Record of Inspection - Nonpublic Drinking Water Supply System

Property Owner

Thomas, Sidney
3 Wren Ln
Lexington, Virginia 24450
Phone: (540) 261-2771

Health Dept. ID: **181-05-0139**

Tax Map: **49-15-15**

Locality: Rockbridge

Property Location

Property Address: 95 Forest Path Trl
Subdivision: Saddle Ridge , Lot 15
Directions: 11N, L 39, R Reid Rd

Well Driller: Lester Well Drilling Company 540-254-2224 or 540-464-1377

Nonpublic drinking water well class: Class IIIC

Date construction started:

Has water well completion report been filed as required by Sec. 12 VAC 5-630-440. Yes

Well Location / Distances from sources of pollution:

(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)

Building Sewer feet; Pretreatment Unit feet; Conveyance System feet; Subsurface Soil Absorption System feet (nearest point); Property Line feet; Other:

Construction, General: (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)

Total depth of well 308 feet; Type of casing PVC Plastic ; Depth of casing 92 feet; Diameter of casing 6.125 inches. Casing extends 0 inches above ground. Annular space was sealed with Hole Plug 3/8 to a depth of 20 feet, and was . Screens (if used) are constructed of . Well head and opening to the interior protected: Yes. Type of well seal: Well cap. Pitless adapter used: Yes. If so, was it properly installed: Yes; and properly vented: Yes.

Quantity: Yield and drawdown determined by continuous pumping of 2 hours.

Yield: 10 GPM ; Drawdown: feet ; Static Water Level: feet ; Type of storage:

Quality: Sample tap provided at entry into system: . Sample(s) collected: Yes. Result of samples: Satisfactory. Date of Sample: August 22, 2006

Satisfactory Construction: Yes on June 28, 2005

Well Approved for Use: Yes on September 1, 2006

Signed September 1, 2006


Sean R. Comer, Environmental Health Specialist, Sr.

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner: Thomas Sidney
Address: 3 Wren LN
Lexington Va 24450
Phone: 540-241-2771
Location: Reid Rd 11N 439 R Reid Rd

Tax Map ID: 49-15-15
VDH Permit: 181-05-0139
VWCB Permit: _____
VWCB ID: _____
County: Rockbridge Co

Well Data

General Information

Drilling Method Air Rotary Date Completed 6-28-05
Depth to Bedrock 85 Yield 10 (GPM)
Static Water Level 75 Stabilized Water Level _____
Well Disinfected (Y or N) Yes Disinfectant Used Chlorine

Total Depth of Well 308
Length of Test 2 Hour
Natural Flow (Rate) _____
Amount used 19 tablets

Casing

From 0 to 92
Size 4 1/2 ID Material Plastic
Weight/Schedule SDR 21

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

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

Gravel Pack

From 20 to 92

From _____ to _____

From _____ to _____

Grout

From 0 to 20
Bore Hole Size 10
Type Hole plug 5/8
Method pour

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

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

Water Zones or Screened Intervals

From 297 to 308
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

Abandonment Information

Bored or Dug Wells

Casing Removed: Y or N? _____
If Y, Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill: _____
Bentonite Plugs: From _____ to _____ From _____ to _____
Method of permanently marking location: _____

Wells other than Bored Wells

Casing removed: Y or N? _____
Depth to which casing was removed: _____
Applicable, depth(s), and type of gravel/sand fill: _____
Source of gravel or sand: _____
Cement: From _____ to _____ From _____ to _____



Certificate of Analysis

P O Box 919
Mid Valley Lane
Verona, Virginia 24482
Phone 540 248 1311
Fax 540 248 4604

Attn: Sidney Thomas
3 Wren Lane
Lexington, VA 24450

Project Name : Sidney A. Thomas
Date Received: March 22, 2006
Date Sampled : March 22, 2006
Time Sampled : 08:30
Date Issued : March 23, 2006

Sample ID : Private Well, 95 Forest Path Trail

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>DL</u>	<u>Date/Time</u> <u>Prepared</u>	<u>Date/Time</u> <u>Analyzed</u>	<u>Method</u>	<u>Analyst</u>
Total Coliform	Negative	cfu/100ml	--	03-22/1630	03-23/1030	9223	NMM
E.coli	Negative	cfu/100ml	--	03-22/1630	03-23/1030	9223	NMM

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

Lab Certification Number: 00140

Tamara G. Hostetter
Laboratory Manager

V6362774-1