Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Jose Inglesias c/o Billy Grim — Tax Map ID _____
Address 1000 Brickell Ave. Rt 1, Box 57B — VDH Permit 108-02-0006
Miami, Fl. 33131 Millboro, VA. 24460 — VWCB Permit _____
Phone (540) 937-4246 — VWCB ID _____
Location Rt 635 2 mi on (R) — County Bath

* Well Data *

General Information

Drilling Method *Air Rotary* — Date Completed *10/10/05* — Total Depth of Well *275 FT*
Depth to Bedrock *28 FT* — Well Yield *25 GPM* — Length of Test _____ *HRS*
Static Water Level _____ *FT* — Stabilized Water Level _____ *FT* — Natural Flow (Rate) _____ *GPM*
Well Disinfected *Y N* — Disinfectant Used _____ — Amount Used _____

Casing

From *+2 FT* to *-40 FT* — Size *6 inch* Material *Steel* — Weight/Schedule *12.93/.188*
From *+2 FT* to _____ *FT* — Size *6 inch* Material *PVC* — Weight/Schedule *4.89/SDR 17*
From *+2 FT* to _____ *FT* — Size *6 inch.* Material *Steel* — Weight/Schedule *18.97/.280*

Gravel Pack

From _____ to _____ — From _____ to _____ — From _____ to _____

Grout

From *Surface* to *-40 FT* — Bore Hole Size *10 inch.* — Type *#1 Portland Cement* — Method *Poured*
From *-* *FT* to *Surface* — Bore Hole Size *10 inch.* — Type *#1 Portland Cement* — Method *Pressure Pumped*
From *-* *FT* to *Surface* — Bore Hole Size *10 inch* — Type *Bentonite Grout* — Method *Pressure Pumped*

Water Zones or Screened Intervals

10 GPM at *52 FT* — Mesh Size ____ Diam. ____
15 GPM at *107 FT* — Mesh Size ____ Diam. ____
_____ *GPM* at _____ *FT* — Mesh Size ____ Diam. ____

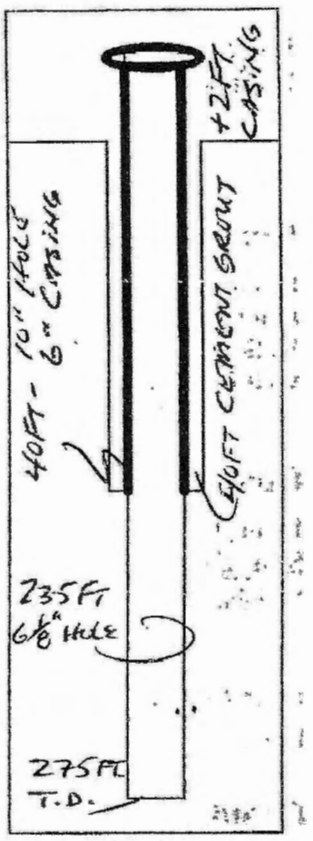
* Use Data *

Private Well : Domestic_____ Agricultural_____ Industrial_____ Monitoring_____

Public Well: Community_____ Non-Community_____

*** Drillers Log ***

Depth			Description of Formation or Sediment	Remarks
0	to 3	FT	CLAY	
3	to 28	FT	BROWN SHALE	
28	to 275	FT	BLACK SLATE	
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		
	to	FT		



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 state and local regulations, ordinances and laws.

Name: ***Richard Simmons Drilling Co., Inc.***
Address: ***60 Drill Rig Drive***
Buchanan, Virginia 24066
Phone: ***(540) 254-2289***

Signature: _____ Date 10/16/02
Representing: ***Richard Simmons Drilling Co., Inc.***
Virginia Contractors License Number ***031866A***

Water Supply and/or Sewage Disposal System Construction Permit

Need Back Sample

Commonwealth of Virginia
Department of Health
Bath County Health Department

Health Department Identification Number 108-02-0004
Map Reference 77, 3-5

General Information

Water Supply System: New ✓ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner Elkhorn Inc. / Jose T. Iglesias c/o Bill Chambers Telephone 540-939-4242
Address Rt 1 Box 57, Millboro VA 24460 For a Type I Sewage Disposal System or Well to be constructed on/at ___
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 100 (E-PD)

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) ___ Bract. Rock Ck **To be installed:** class III-C Gw 2 Rec'd cased 20' min. grouted 20' min.	**Water supply location:** Satisfactory yes ☒ no ☐ comments Completion Report G. W. 2 Received: yes ☒ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ✓ no ☐ comments Satisfactory
Septic tank: Capacity 750 gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ✓ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ✓ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ✓ no ☐ comments Satisfactory
Distribution box: Precast concrete with 3 ports. ☐ Other ___	**Distribution box:** yes ✓ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ___	**Header lines:** yes ✓ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ✓ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 420 ; depth from ground surface to bottom of trench 18" ; aggregate size .5"-1.5" ; Trench bottom slope 2"-4" per 100' ; center to center spacing 10' ; trench width 3' Depth of aggregate 13" ; Trench length 72' ; Number of trenches 2	**Absorption trenches:** yes ✓ no ☐ comments Satisfactory Date 5-31-02 Inspected and approved by: John Bum Sanitarian

C.H.S 202A

PERMIT to SERVE BATHROOM ONLY - NOT for living QUARTERS.

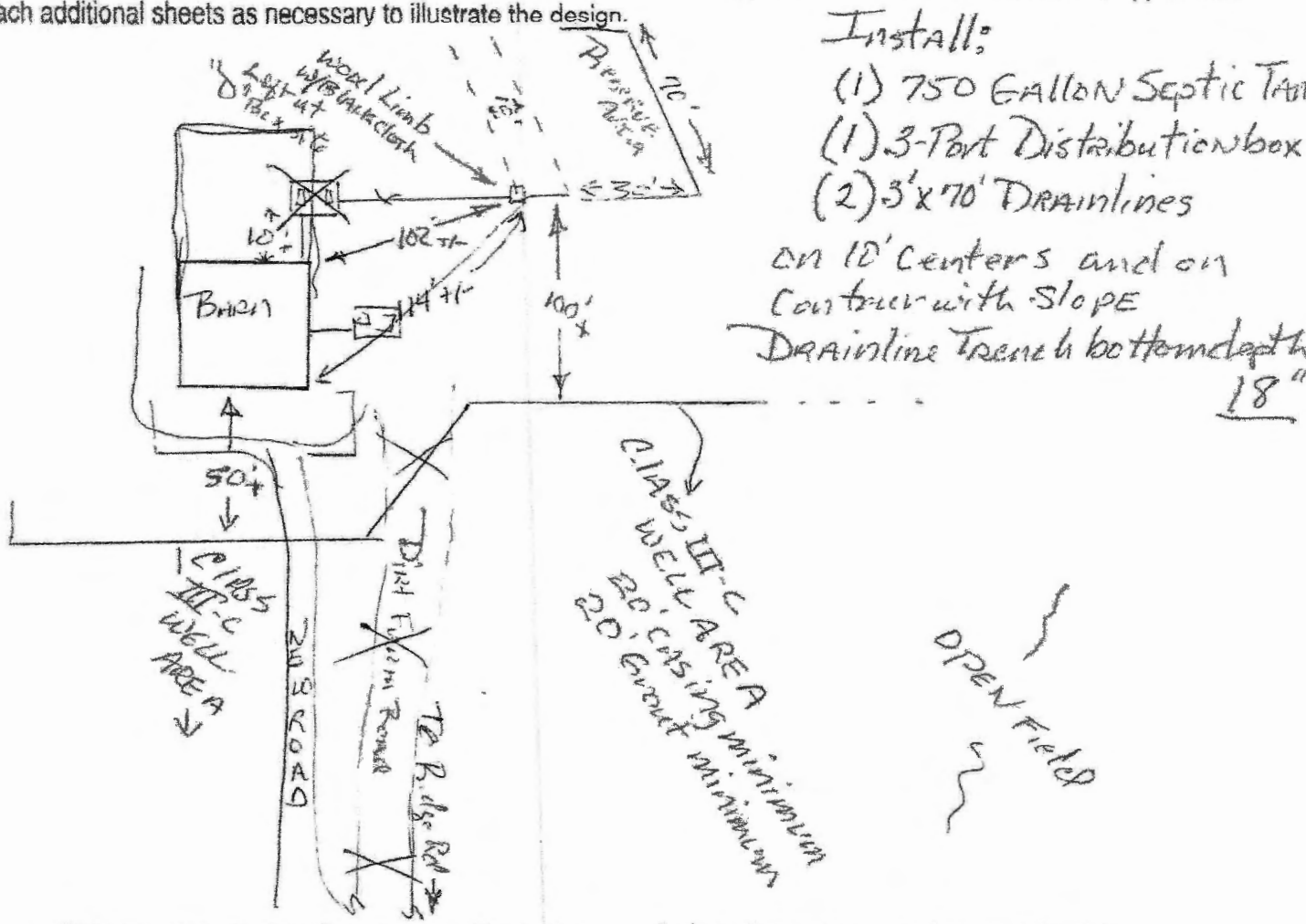
NOTE: DRAWING is not to SCALE

Health Department Identification Number 108-02-0006

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

☒ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



This sewage disposal system and/or water supply is to be constructed as specified by the permit ☒ or attached plans and specifications ____ .

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 3-22-02 **Issued by:** _____
Sanitarian

Date: _____ **Reviewed by:** _____
Supervisory Sanitarian

This Construction Permit Valid until 9-22-2003

If FHA or VA financing

Reviewed by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

CHS 2028