

Rev 3/08	DATE THE WELL WAS COMPLETED MM DD YY <u>4 20 16</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
ST/CO USE ONLY DATE RECEIVED MM DD YY	PERMIT NO. DW- <u>14-16-058</u>		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name MURPHY First Name KENNETH
Street/Road BLUSS LOOKOUT RD County Hampshire Zip Code 26719

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other	AREA NAME/LOCATION: <u>BLUSS on the POTOMAC LOT 31</u>	TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

WELL LOG		DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>Pumped</u>
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	Hole Diameter <u>6.44</u> (in) Total depth <u>740</u> (ft)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No

From (ft.)	To (ft.)	Formation	MAIN CASING TYPE	CASINGS RECORD	ESTIMATED WELL YIELD
0	59	BROWN SHALE	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic	Casing Diameter <u>7</u> (in) Wall Thickness <u>SDR-21</u> (in) Casing Length <u>80</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other	Estimated at <u>3</u> G.P.M. Static Water Level <u>343</u> (ft) *Pumping level below land surface _____ (ft) after _____ hrs. at _____ G.P.M. (Estimated)
59	315	GRAY SHALE	Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	SCREEN RECORD <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)	*Note: For Public Water Supply wells please submit required yield and drawdown tests.
315	481	GRAY LIMY SHALE	GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>BUG PROOF</u>	VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____
481	483	RED SHALE			COMMENTS BY INSTALLER: <u>WELL WAS MAKING LESS THAN 1 GPM WHEN DRILLED. HYDRO SACKED AND IS MAKING APPROX 3 GPM</u>
483	740	GRAY SHALE			

WATER @ 360'
36 GPM
AFTER FRAC

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name MILLER ENTERPRISES LLC WV Contractor No. 044126
Business Registration No. 2000-7918 Master Well Driller Certification No. 253
Master Well Driller (print) TERESA G MILLER
Master Well Driller Signature _____

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. _____
Journeyman Well Driller (please print) _____
Apprentice and Name (s) _____

SS-183
Rev 3/11

West Virginia Department of Health & Human Resources
Hampshire County Health Department

Permit #: ST-16-16-69
Tax District: 10
Map # 24 Parcel # 87

PERMIT ON-SITE SEWAGE DISPOSAL SYSTEM

Coordinates: N 39 26 43.8 W 78 46 09.5

Owner: Kenneth R Murphy, Jr. Installer: David Adams
Address: 1263 East Pebble Brook Dr. Address: 336 Adams-Sawmill Rd
Greencastle, Pa 17225 Springfield, WV 26763

You are hereby issued a permit to: install modify an on-site sewage disposal system located:

Bluffs on the Potomac Lot 31

Facility: Residence Design Flow: 3 Lot Size (ft²/acres): 20.67 Water Source: Well
acres

Based upon review of the information on your submitted application, dated 4/25/2016, and the proper installation of the herein described system, the system shall be in compliance with applicable West Virginia Sewage System Rules and Design Standards.

The sewage system shall consist of a:

- Septic tank - Capacity: 1000 gallons or more. Constructed of: Concrete or Plastic.
- Soil disposal system with a minimum equivalency of 900 square feet of conventional gravel trench area.

Depth to the bottom of the trench or bed installation shall be 24 inches from original ground surface.

Gravel system: Lengths of lines: _____, _____, _____, _____, _____, _____ feet. Width: _____ inches.

Chamber system: Number of lines: 3. Lengths of lines: 60', 60', 60', _____, _____, _____.

Manufacturer of chamber: _____.

Bed system: Gravel Chamber Length: _____ feet. Width _____ feet.

Other: _____

This permit is non-transferable and automatically expires 12 months after issue date.

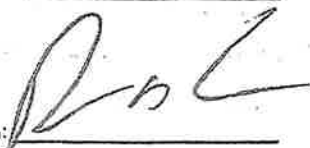
This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

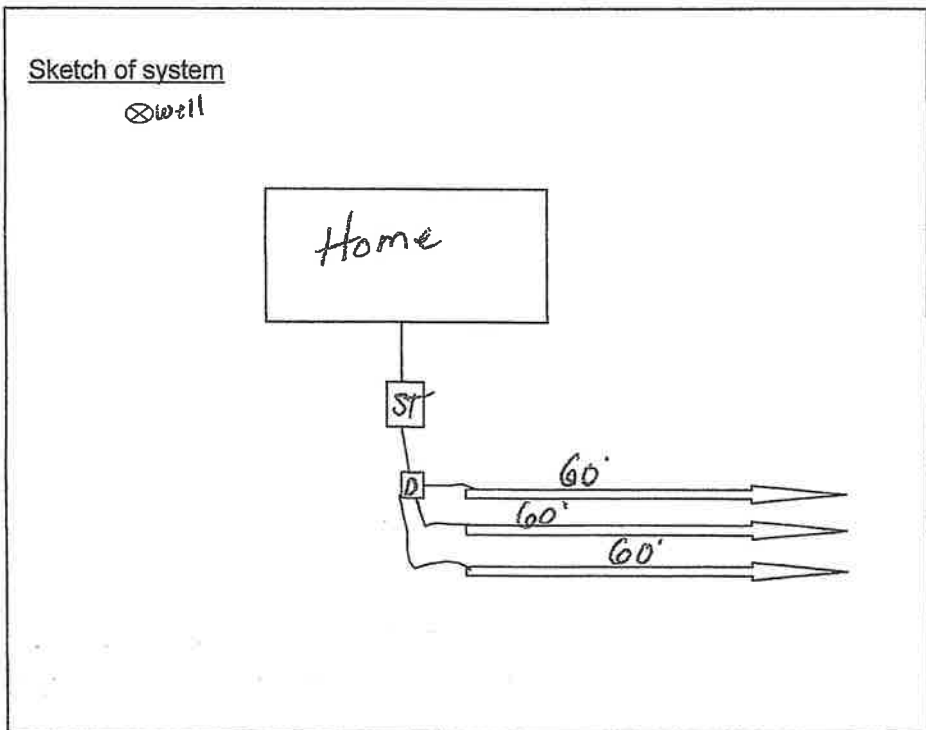
All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department 72 hours or more prior to planned inspection time. Health Department Phone Number: 304-496-9641

Additional Specifications
on Reverse.

Issue Date: 4/27/2016

Sanitarian: 





west virginia department of environmental protection

Division of Water and Waste Management
601 57th Street SE
Charleston, WV 25304
Telephone Number: (304) 926-0495
Fax Number: (304) 926-0497

Earl Ray Tomblin, Governor
Randy C. Huffman, Cabinet Secretary
wwdep.gov

May 18, 2016

KENNETH R MURPHY JR
1263 EAST PEBBLE BROOK DRIVE
GREENCASTLE, PA 17225

Re: ST-16-16-69

Dear Sewage System Owner:

Please find your Sewage System Seal Registration Number from the Department of Environmental Protection, Division of Water & Waste Management attached. Please keep this seal with your sewage system installation permit from your local health department.

Thank you for your cooperation in this matter.

Sincerely,

Connie J. Anderson
Manager
Small Sewage System Registration Program