

Rev 2/11  <b>ST/CO USE ONLY</b> DATE RECEIVED  MM DD YY _____	<b>DATE THE WELL WAS COMPLETED</b> MM DD YY <u>1 27 15</u>  PERMIT NO. DW- <u>029-15-015</u>	West Virginia Department of Health and Human Resources <b>BUREAU FOR PUBLIC HEALTH</b>  <b>WATER WELL COMPLETION REPORT</b>	<b>FORM SW-258</b> THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE									
<b>LOCATION OF WELL</b> Well Owner: Last Name <u>Steuber JR</u> First Name <u>LAURENCE</u> Street/Road _____ County <u>MINERAL</u> Zip Code _____												
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other		<b>AREA NAME/LOCATION:</b> <u>BLUFFS ON THE POTOMAC LOT 36</u>	<b>TYPE OF WELL:</b> <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									
<b>WELL LOG</b>		<b>DRILLING METHOD</b> <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other  Hole Diameter <u>6</u> (in) Total depth <u>800</u> (ft)	<b>GROUTING RECORD</b> Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>pumped</u>									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">From (ft.)</th> <th style="width:50%;">To (ft.)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">30</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">800</td> </tr> </tbody> </table>	From (ft.)	To (ft.)	0	20	20	30	30	800	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).  <u>Brown shale</u> <u>Gray &amp; Brown shale</u> <u>Layers of Gray &amp; Light Blue shale</u>  <u>Around 400'</u> <u>1 GPM</u>	<b>CASINGS RECORD</b> <b>MAIN CASING TYPE</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>600</u> (ft) <b>Other Casing or Liner Used</b> Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	<b>PUMP INSTALLED</b> By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>ESTIMATED WELL YIELD</b> Estimated at <u>1</u> G.P.M. Static Water Level <u>400</u> (ft) *Pumping level below land surface <u>798</u> (ft) after <u>1/2</u> hrs. at <u>1</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
From (ft.)	To (ft.)											
0	20											
20	30											
30	800											
		<b>SCREEN RECORD</b> <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)	<b>WELL HEAD COMPLETION</b> Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>									
		<b>GRAVEL PACK RECORD</b> Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____									
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 <u>B.W. SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1005-5315</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Chris Wolford</u> Master Well Driller Signature <u>Chris Wolford</u>												
<b>SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITWORK IF DIFFERENT FROM MASTER DRILLER.)</b>  Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____												
<b>COMMENTS BY INSTALLER:</b>    												

received 2-11-15

STATE OF WEST VIRGINIA  
MINERAL COUNTY HEALTH DEPARTMENT  
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-029-15-016  
Tax Map: 42A Parcel #: 17  
County Road No.: \_\_\_\_\_

PERMIT TO BE  
PRINTED OR TYPED

Owner: LAWRENCE STELBER  
Address: 21934 EDGEHURST TER.  
ASHBURN VA 20148

Certified Installer: ED SHOFMAKER  
Address: P.O. BOX 199  
ROMNEY WV 26757

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

BLUFFS OF THE POTOMAC LOT #36, ENTER FROM PAINTER HOLLOW RD.

Facility: RESIDENCE Design Flow: 3 Lot Size: 23 Sq. Ft./Acres Water Source: WELL (TO BE)

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 10-6-14 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: 1800 gallons or more, Constructed of: CONCRETE.
- [ ] Soil disposal system with a minimum equivalency of 1200 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.
  - [X] Chamber system: Number of units: \_\_\_\_\_, Length of lines: 90, 90, 90, \_\_\_\_\_, \_\_\_\_\_ units, Manufacturer of chamber: \_\_\_\_\_
  - [ ] Bed system: [ ] Gravel, [ ] Chamber; Length: \_\_\_\_\_ feet, Width: \_\_\_\_\_ feet.
  - [X] Other: INSTALL W/D-BOX, CONCRETE PAD, SPEED LEVELERS.

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.

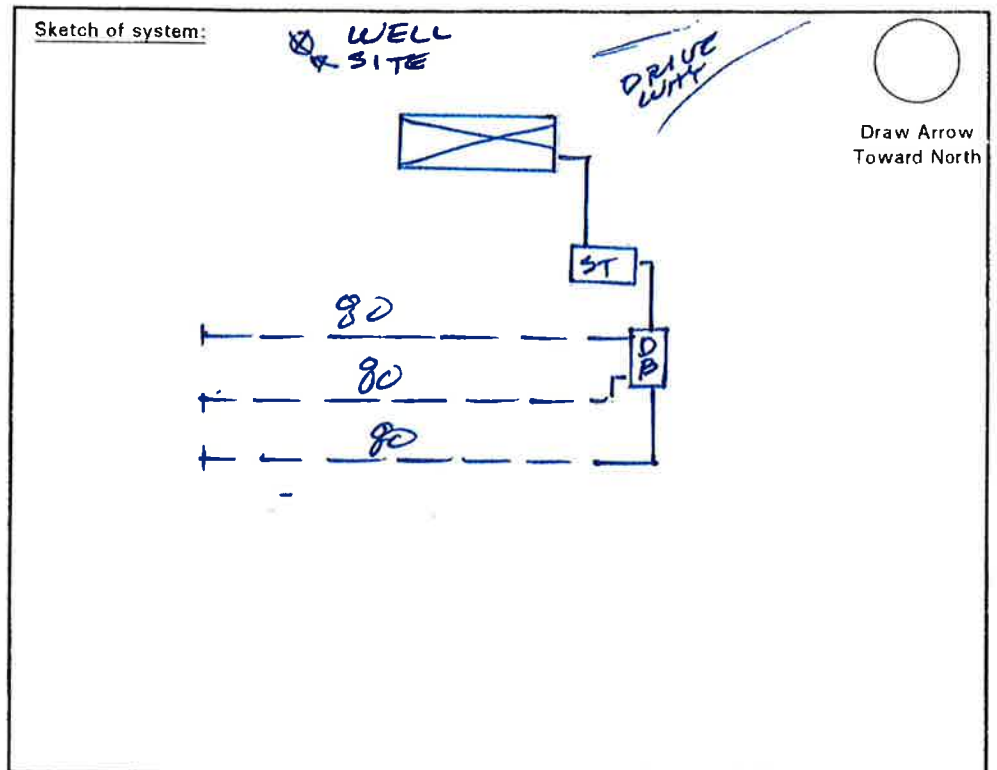
All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: \_\_\_\_\_ hours or more prior to planned inspection time.

10-14-14  
Issue Date

788-132  
County Office / Phone Number

Sketch of system:



Additional specifications  
on reverse:

ED Shofmaker  
Health Officer or Sanitarian

LAWRENCE STEUBER  
21934 EDGEWATER  
ASHBURN VA 20148

INSTALLER: ED JOENIKER  
FINAL: 2-11-15  
Dianna R.S.

LOCATION OF PROP:  
BLIFFS OF THE POTOMAC  
LOT #36

GPS TANK:  
N: 39 26 29.9  
W: 78 46 28.5  
EL:

