

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY	DATE THE WELL WAS COMPLETED MM DD YY 07 15 2021	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
	PERMIT NO. DW-14-20-083		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name pPetry First Name Danny
Street/Road Springfield WV County Hampshire Zip Code 26763

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 : Bluffs on the Potomac Lot 254	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 _____
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WELL LOG		DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	TYPE OF WELL :
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	Hole Diameter 6-1/8 (in) Total depth 700 (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: _____ Installation Method: pumped via tremmie pipe
From (ft.)	To (ft.)	CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter 6 1/4 (in) Wall Thickness .188 (in) Casing Length 60 (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	PUMP INSTALLED By Driller <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at 1 G.P.M. Static Water Level 340 (ft) *Pumping level below land surface _____ (ft) after 4 hrs. at _____ G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
0	44	shale	WELL HEAD COMPLETION Casing height above grade 1 (ft) Type Of Well Cap _____ Installed: Trega
44	50	blue slate	VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____
50	52	red slate	COMMENTS BY INSTALLER:
52	54	shale	
54	322	blue slate	
322	323	water zone	
323	467	blue slate	
467	468	water zone	
468	700	blue slate	
		If additional space is needed, use additional sheets and attach w/permit # at top.	
		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)	
		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	

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 Shirley Well Drilling Inc WY Contractor No. 003273
Business Registration No. _____ Master Well Driller Certification No. 497
Master Well Driller (print) Thomas C Shirley
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) _____



Lat: N: 39 21 51

Hampshire County Health Department

Tax District Name: _____

Long: W 78 48 32

**ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT**

Map # 0 Parcel # 30

Name of Owner: Daniel & Dawn Petry Installer: Walter Fields

Owner Address: 78 Omega Dr, WV 25427

Property Location: Bluffs on the Potomac

Subdivision: Bluffs on the Potomac Lot number: Lot 254 Sect 9

Type of Facility: new Facility is: New Existing Lot Size (ft²/acres): 22.70 acres

Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing: Proposed Type: well

System requires a perpetual maintenance program as per 64CSR9.7.2: Yes No

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	1000			Distance to dwelling:	NA		
Constructed of:	Concrete			Distance to water	Line:		
					Source:	>100'	
Manufacturer:	Piles			Distance to property line:	>50'		
4" inspection port, or riser to surface?	port			Effluent filter?	no		

ABSORPTION FIELD

Class I System: Chamber: Eljen Gravelless Pipe: Gravel Media Trenches Other: _____

Manufacturer: Infiltrator Square footage: Permitted 900 ft² Installed 900 ft²

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 60' 60' 60' _____, _____, _____, _____, _____, _____

Inspection ports installed? Yes No Distribution box used? Yes No Outlets level? Yes No

If chambers, length of each section: 4' Gravelless pipe diameter: _____

If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____

Distance of absorption field to: Dwelling: NA, Water Supply: >100', Water Line: _____, Property Line: >50'

Average Depth: 24in Maximum depth: 26in



Class II System: Design type: _____

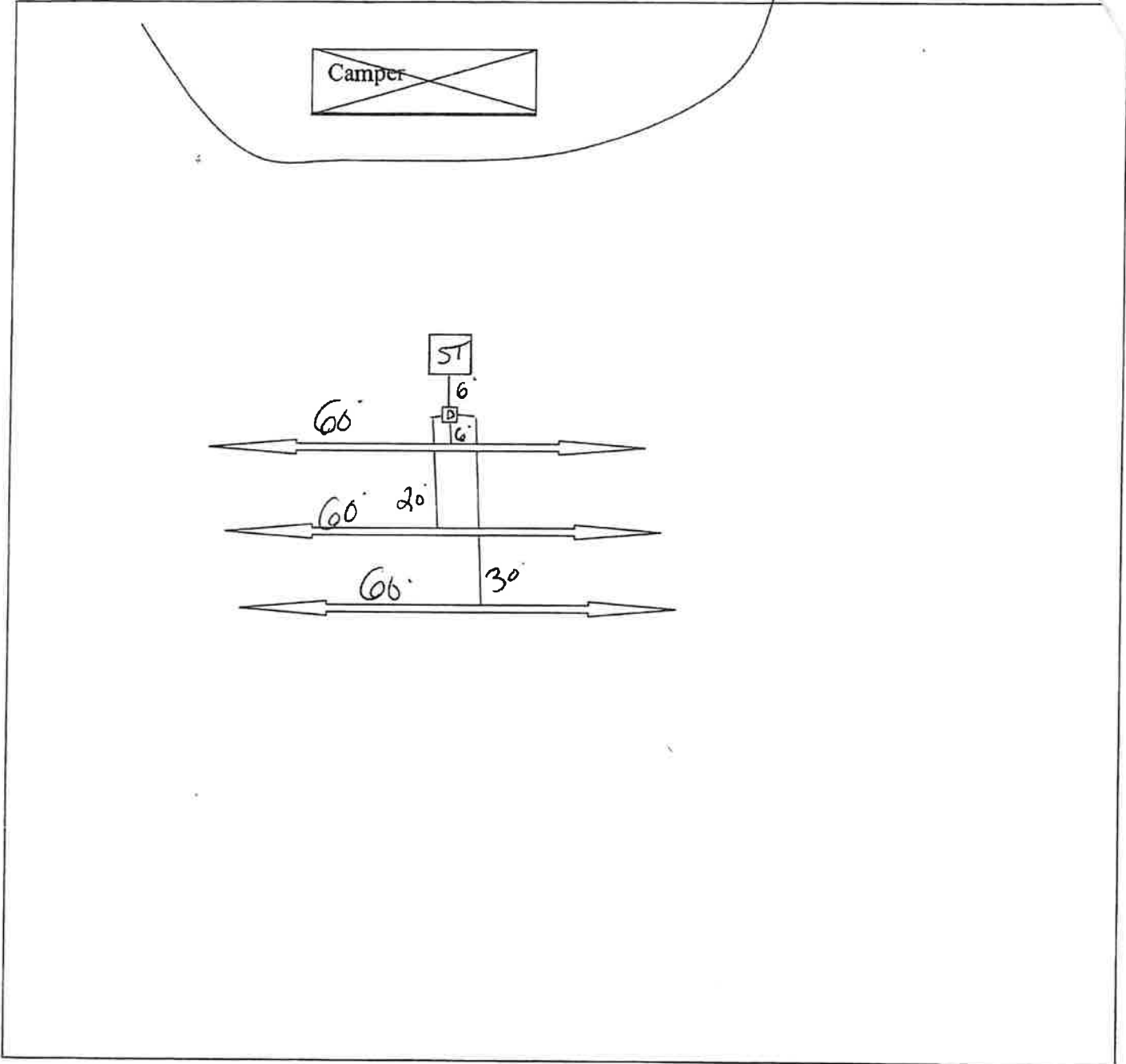
Remarks: _____

System is installed as per the permitted design and layout. Yes No
Include sketch of installation on reverse.

**Sketch of Installation with Triangulation or Distance to Specific Landmarks.
Include reserve area boundaries.**

LEGEND:

- | | | | | | | | |
|---|-----------------------|---|-------------------------------|---|----------------------|---|-------------|
|  | House/Facility |  | Property Line |  | Fence |  | Pump Tank |
|  | Soil Absorption Line |  | Single Wide Manufactured Home |  | North |  | Septic Tank |
|  | Existing Water Supply |  | Distribution Box |  | Stream Flow | | |
|  | Proposed Water Supply |  | Drain Field Inspection Port |  | Wooded Area Boundary | | |



System is: **Approved** **System is NOT Approved:**

COMMENTS:

Date of Final 10/23/2020

RA
Sanitarian

10/23/2020
Date Final Issued