

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>11 07 2008</u> PERMIT NO. DW- <u>14-09-040</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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LOCATION OF WELL
 Well Owner: Last Name Ayoub First Name MIKE
 Street/Road SPRINGFIELD PIKE County Hampshire Zip Code _____

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>Shadow Knolls sub.</u> <u>Lot #24</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
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WELL LOG	DRILLING METHOD	GROUTING RECORD																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:80%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr><td>0</td><td>37</td><td>Brown shale</td></tr> <tr><td>37</td><td>128</td><td>Gray shale</td></tr> <tr><td>128</td><td>129</td><td>WATER 2 GPM</td></tr> <tr><td>129</td><td>215</td><td>Gray shale</td></tr> <tr><td>215</td><td>216</td><td>WATER 1 GPM</td></tr> <tr><td>216</td><td>239</td><td>Gray shale</td></tr> <tr><td>239</td><td>242</td><td>Fractured Area WATER 7 GPM</td></tr> <tr><td>242</td><td>259</td><td>Gray shale</td></tr> <tr><td>259</td><td>268</td><td>Red shale</td></tr> <tr><td>268</td><td>300'</td><td>Gray shale</td></tr> </tbody> </table>	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	0	37	Brown shale	37	128	Gray shale	128	129	WATER 2 GPM	129	215	Gray shale	215	216	WATER 1 GPM	216	239	Gray shale	239	242	Fractured Area WATER 7 GPM	242	259	Gray shale	259	268	Red shale	268	300'	Gray shale	<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>300'</u> (ft)	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3 1/2</u> Installation Method: <u>PRESSURE</u>
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	CASINGS RECORD	PUMP INSTALLED
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	MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE</u> <input type="checkbox"/> Other <u>SHOE</u> Casing Diameter <u>6 5/8"</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>80</u> (ft)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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)	ESTIMATED WELL YIELD Estimated at <u>10</u> G.P.M. Static Water Level <u>100</u> (ft) *Pumping level below land surface <u>298</u> (ft) after <u>1</u> hrs. at <u>10</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.

	SCREEN RECORD	WELL HEAD COMPLETION
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	<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 _____ (ft) from _____ (ft) to _____ (ft)	Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: _____
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	GRAVEL PACK RECORD	VARIANCE ISSUED
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	Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	<input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____
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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 B.W. SMITH WELL DRILLING WV Contractor No. 038905
 Business Registration No. 1005-5395 Master Well Driller Certification No. 574
 Master Well Driller (print) Chris Wolford
 Master Well Driller Signature Chris Wolford

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) _____

COMMENTS BY INSTALLER:
WATER Cleared up Good

SET PUMP ABOVE 240'

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-09-27**

Name of Owner: Mike & Marcie Ayoub Installer: Eldridge Moreland Jr
 Address: 42783 Summerhouse Pl, Broadlands, VA 20148
 Property Location: Shadow Knolls Lot 24 Lot Size: 27.65AC Acres
 Type of Facility: Residence Facility is: New Existing
 Design Loading in gpd/# Bedrooms: 1 Source of Water: Proposed Well

SEWAGE TANK COMPONENT

Capacity in Gallons: **1000** Material: precast concrete Manufacturer:
 Pump Chamber gal
 Distances (in feet) of Tank to: Dwelling **108'**
 Private Public Water Source: Property Line: **> 100'**

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter In.
 Chamber Soil Absorption Trenches (X) or Bed ()
 Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed ()
 Evapotranspiration Trenches () or Bed ()
 Shallow Soil Absorption Trenches () or Bed () Other:

No. of Lines: **3** Length (in feet) of Each: **80'**
 Width of Trenches: **36** inches/feet Depth to Bottom of Field: **24** inches
 If Bed, Dimensions (in feet): If Chamber System, Name: , No. of Units:
 Approved and Adequate Materials Used? Yes (X) No () Size Equates to **1200** sq ft of SGF
 Distance (in feet) of System to: Dwelling **200+**' Private () Public ()
 Water Source: Property Line: **100'**

Remarks: **Well not constructed at time of inspection**

GPS: N39 26 12.5 W78 38 7.7

An inspection indicates that
 The sewage disposal system
 Described above

DOES MEET X

DOES NOT MEET or

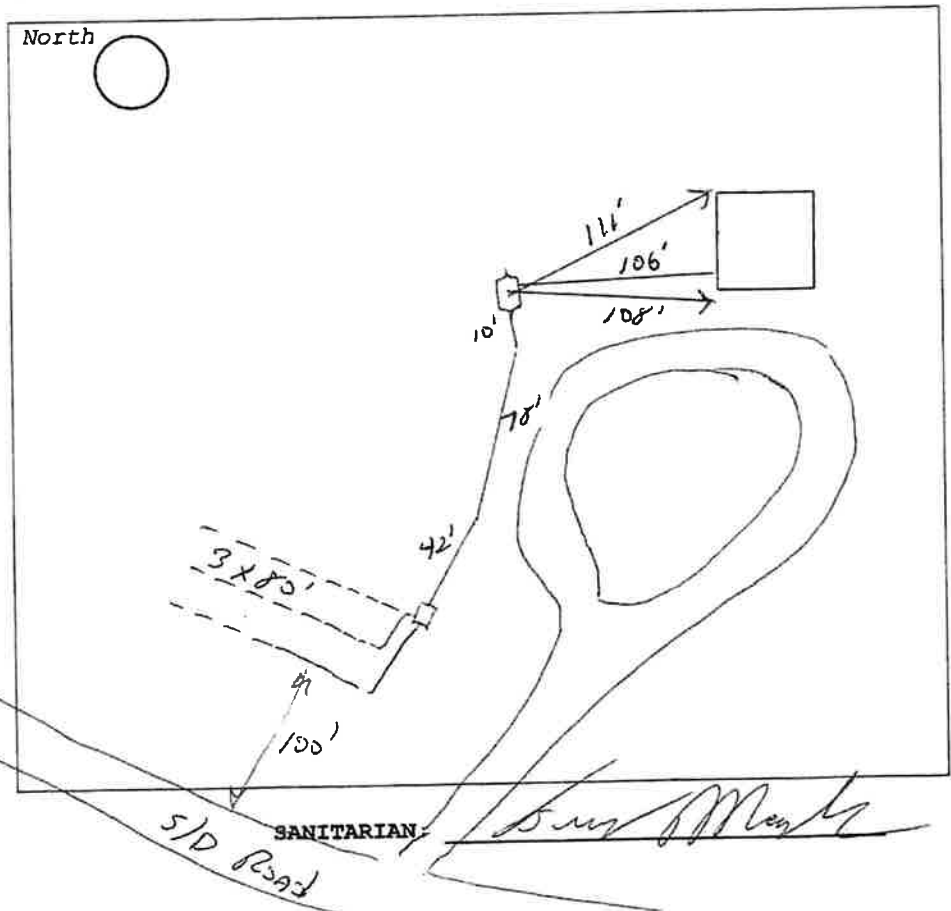
CANNOT BE DETERMINED TO

MEET the minimum standards
 Established by the West Virginia
 Bureau of Public Health.

To correct a health hazard,
 Modifications to existing systems
 May be done to improve part of a
 System. Such modifications may
 Not be able to be designated as
 a Does meet system since
 Inadequate information is known.

Although many factors
 Contribute to the successful
 Functioning of a sewage disposal
 System, this office recommends
 Water conservation and
 Maintaining an even usage of
 Water throughout the week.

Visit Date(s):



FINAL INSPECTION DATE: 8/11/2008