

Rec'd 9-4-12

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____	DATE THE WELL WAS COMPLETED MM DD YY <u>8</u> <u>3</u> <u>2012</u> PERMIT NO. DW- <u>14-13-008</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH 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																	
LOCATION OF WELL Well Owner: Last Name <u>King</u> First Name <u>JAMES</u> Street/Road <u>DONALDSON SCHOOL RD.</u> County <u>HAMPSHIRE</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 _____		AREA NAME/LOCATION: <u>GREEN SPRING</u> <u>MT. AIR</u> <u>LOT 58</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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Depth</th> <th rowspan="2">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> <tr> <th>From (ft.)</th> <th>To (ft.)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>7</td> <td rowspan="3">Dint Brown shale Gray shale</td> </tr> <tr> <td>7</td> <td>16</td> </tr> <tr> <td>16</td> <td>140</td> </tr> <tr> <td>51</td> <td>52</td> <td rowspan="2">Water - 15 GPM Fractured Area Rock fragments</td> </tr> <tr> <td>62</td> <td>63</td> </tr> </tbody> </table>		Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	From (ft.)	To (ft.)	0	7	Dint Brown shale Gray shale	7	16	16	140	51	52	Water - 15 GPM Fractured Area Rock fragments	62	63	DRILLING METHOD <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>140</u> (ft) CASINGS RECORD MAIN CASING TYPE <u>DRIVE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>SHOE</u> <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>30</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter <u>4</u> (in) Length <u>120</u> (ft) from <u>0</u> (ft) to <u>120</u> (ft) SCREEN RECORD <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input checked="" type="checkbox"/> Plastic Diameter of screen <u>4</u> (in) Slot size <u>.020"</u> Length <u>20</u> (ft) from <u>120</u> (ft) to <u>140</u> (ft) GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>2</u> Installation Method: <u>PUMPED</u> PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>30</u> G.P.M. Static Water Level <u>17</u> (ft) *Pumping level below land surface <u>138</u> (ft) after <u>1</u> hrs. at <u>30</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests. WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: _____ VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER: <u>No Torque Arrester</u> <u>No Cable Guards</u> <u>No Rope</u>
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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 <u>B.W. SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1005-5395</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>																				
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) _____																				

Permit # ST-14-13-12

SEWAGE TANK COMPONENT

ON-SITE DISPOSAL SYSTEM

SANITARIAN: