

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>03 23 09</u> PERMIT NO. DW- <u>02909032</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 <u>Waylan</u>	First Name <u>Jerry</u>	
Street/Road <u>10131 Wendover Drive</u>	County <u>Mineral</u>	Zip Code <u>22181</u>

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>Bluffs on the Potomac</u> <u>Lot # 236</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
Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		
From (ft.)	To (ft.)		<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____	Grouting Material: <input checked="" type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>9</u> Installation Method: <u>Pressure grout</u>
0	21	Brown shale	Hole Diameter <u>6</u> (in)	PUMP INSTALLED
21	52	Gray shale/bn streaks	Total depth <u>800</u> (ft)	By Driller <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
52	320	Gray shale 1/4gpm	CASINGS RECORD	ESTIMATED WELL YIELD
320	334	Limestone	MAIN CASING TYPE	Estimated at <u>1</u> G.P.M.
334	460	Gray shale 3/4gpm	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic	Static Water Level _____ (ft)
460	520	Limestone	<input type="checkbox"/> Other _____	*Pumping level below land surface
520	800	Gray shale/limestone	Casing Diameter <u>6 5/8</u> (in)	<u>300</u> (ft) after <u>43</u> hrs. at
			Wall Thickness <u>.138</u> (in)	<u>1</u> G.P.M. (Estimated)
			Casing Length <u>63</u> (ft)	*Note: For Public Water Supply wells please submit required yield and drawdown tests.
			Other Casing or Liner Used	WELL HEAD COMPLETION
			Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	Casing height above grade <u>2</u> (ft)
			<input type="checkbox"/> Other _____	Type Of Well Cap
			Casing/Liner Diameter _____ (in)	Installed: <u>Royer bug proof</u>
			Length _____ (ft) from _____ (ft)	VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			to _____ (ft)	Request Number _____
			SCREEN RECORD	COMMENTS BY INSTALLER:
			<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 <u>Wayne's Water n Wlls</u> WV Contractor No. <u>WV28366</u> Business Registration No. <u>550756564</u> Master Well Driller Certification No. <u>584</u> Master Well Driller (print) <u>Michael W. Johnson</u> Master Well Driller Signature <u>Michael W. Johnson</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) _____	

Rev ST/CE ONLY DATE RECEIVED MM DD YY — — —	DATE OF PUMP INSTALLATION MM DD YY 07 14 09 WATER WELL PERMIT NO. DW- 02909032	STATE OF WEST VIRGINIA WATER WELL PUMP INSTALLATION REPORT	FORM SW-262 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER INSTALLATION IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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PUMP INSTALLATION LOCATION

Owner: LAST NAME Waylan FIRST NAME Jerry
STREET/ROAD 10131 Wendover Drive COUNTY Mineral ZIP CODE 22181

AREA NAME/LOCATION: Bluffs on the Potomac
Lot # 236
WATER SYSTEM USE: ☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial ☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory ☐ Other _____

PUMPING EQUIPMENT
Type Pump: ☒ Submersible ☐ Jet
☐ Other (specify) _____
Pump Manufacturer: Berkeley
Pump Model: 2HP 7gpm

INSTALLATION DETAILS
Well Diameter 6 inches
Well Depth 800 (Ft.)
Static Water Level (from surface): 300 (Ft.)
Depth of pump: 760 (Ft.)
Riser Pipe: Material Galvanized
Pressure Rating _____ (psi)

INSTALLATION DETAILS (CONT.)
Pitless: ☒ Pitless Adapter ☐ Pitless Unit
Pitless Manufacturer: Dickens
Pitless Model: S-10
Method of Cutting Hole in Casing for
Pitless: Neat drilled metal hole saw
Storage Tank Model: WX 250
Check Valves Locations: every 200'
Well Disinfected: ☒ Yes ☐ No
By Whom: certified driller

COMMENTS BY INSTALLER

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Pump Equipment Installed by :

Property Owner Name (Print) _____ Owner Signature _____
Pump Installation Test Passed on _____ / _____ / _____

Company Name Wayne's Water WV Contractor No. WV28366 Business Franchise Number 550756564
Master Well Driller Certification No. 391 or Pump Installer Certification No. _____
Master Well Driller (print) Wayne T. Bolden Master Well Driller Signature _____
Pump Installer (print) Wayne T. Bolden Pump Installer 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 Name(s) _____, _____, _____

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPEDMineral County HEALTH DEPARTMENTPermit No.: ST-029-09-051Tax Map: 337 Parcel #: 62County: MineralON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County Road: _____

Name of Owner: Jerry & Karen Waylan Installer: John Shreve (Cabin Run Contracting)Address: 10131 Windover Dr., Vienna, VA 22181Property Location: Bluffs on the Potomac Section 9 Lot #236Type of Facility: Residence Facility is: New ☒ Existing () Lot Size: 20.13 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3 BRs Source of Water Supply: Private well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: PylesDistances (in feet) of Tank to: Dwelling: 89' Private ☒ Public () Water Source: 100' Property Line: 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches

Chamber Soil Absorption Trenches ☒ 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, 80, 80Width of Trenches: 36" inches/feet Depth to Bottom of Field: 24"28" inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____

Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 1200 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: 100 Private ☒ Public () Water Source: 150' Property Line: 100'Remarks: System installed w/ A-Rox and speed levelers. Elev: 1525N=39° 22' 241" / W=78° 49' 1.2" / Also has effluent filter installed

An inspection indicates that the sewage disposal system described above

DOES MEET (),

DOES NOT MEET (),

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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

See attached drawingDraw Arrow
toward NorthVisit Date(s): 2-4-2009Final Inspection Date: 2-4-2009Sanitarian: John E. Blum R.S.

Jerry & Karen Waylan
 ST-028-09-051
 Elev = 1525'
 N = 39° 22' 24.1"
 W = 78° 49' 1.2"
 2-4-09

