

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY	DATE THE WELL WAS COMPLETED MM DD YY <u>6 8 23</u> PERMIT NO. DW-16-23-016	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																							
LOCATION OF WELL Well Owner: Last Name <u>Narutowicz</u> - IRA First Name <u>Michael</u> Street/Road <u>Lot 362 Ashton Woods</u> County <u>Harley</u> Zip Code _____																										
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: ☐ GPS ☐ Topo ☐ Other		AREA NAME/LOCATION: <u>River Road</u> <u>South Branch Mt. Rd.</u>																								
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>2</td> <td>Sandy dirt + loose rocks</td> </tr> <tr> <td>2</td> <td>99</td> <td>SOFT sandstone Brown, Red, & white</td> </tr> <tr> <td>99</td> <td>130</td> <td>Brown + Gray shale</td> </tr> <tr> <td>130</td> <td>459</td> <td>Layers of Gray shale + Gray sandstone some Dark Gray</td> </tr> <tr> <td>459</td> <td>477</td> <td>Red shale</td> </tr> <tr> <td>477</td> <td>800</td> <td>Layers of Red + Gray Sandstone + shale Around 560' water - 2 1/2 GPM</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	2	Sandy dirt + loose rocks	2	99	SOFT sandstone Brown, Red, & white	99	130	Brown + Gray shale	130	459	Layers of Gray shale + Gray sandstone some Dark Gray	459	477	Red shale	477	800	Layers of Red + Gray Sandstone + shale Around 560' water - 2 1/2 GPM	DRILLING METHOD ☐ Cable Tool ☐ Rotary ☒ Rotary Hammer ☐ Other Hole Diameter <u>6</u> (in) Total depth <u>800</u> (ft.) CASINGS RECORD MAIN CASING TYPE ☒ Steel ☐ Plastic ☐ Other DRIVE SHOE Casing Diameter <u>6 1/8</u> (in) Wall Thickness <u>1.88</u> (in) Casing Length <u>152</u> (ft) Other Casing or Liner Used Type ☐ Steel ☐ Plastic ☐ Other Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft) SCREEN RECORD ☒ Not installed ☐ Installed Material: ☐ Bronze ☐ Plastic Diameter of screen _____ (in) Slot size _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft) GRAVEL PACK RECORD Gravel Pack: ☐ Yes ☒ No From _____ (ft) to _____ (ft)	
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		GROUTING RECORD Grouting Material: ☐ Cement ☒ Bentonite Clay Other _____ No. of Bags: <u>8</u> Installation Method: <u>PUMPED</u>																								
		PUMP INSTALLED By Driller ☐ Yes ☒ No ESTIMATED WELL YIELD Estimated at <u>2 1/2</u> G.P.M. Static Water Level <u>440</u> ft. *Pumping level below land surface <u>798</u> (ft) after <u>1/2</u> hrs. at <u>2 1/2</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 _____ ft. Type Of Well Cap _____ Installed: <u>Harvard</u>																								
		VARIANCE ISSUED ☐ Yes ☒ No Request Number _____																								
COMMENTS BY INSTALLER:																										
I hereby certify that this well has been constructed in accordance with state rules and in accordance 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 & Pump Co. WV</u> Contractor No. <u>WB 061399</u> Business Registration No. <u>2465-7496</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) _____																										



Lat: N: 39.8.6

HARDY COUNTY Department of Health

Map Name: _____

Long: W: 78.50.57

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

Map # _____ Parcel # _____

Name of Owner: MID ATLANTIC IRA, LLC Installer: NATHAN DELANDER

Owner Address: 2517 N. SNYDER AVE, Edgemere MD 21219

Property Location: LOT 262 ASHTON WOODS

Subdivision: ASHTON WOODS Lot number: 262

Type of Facility: NEW HOME Facility is: New ☒ Existing ☐ Lot Size (ft² acres): 23

Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing ☐ Proposed ☒ Type: WCII

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:	<u>1000</u>			Distance to dwelling:	<u>HOME NOT ON LOCATION</u>		
Constructed of:	<u>CONCRETE</u>			Distance to water	Line:		
Manufacturer:	<u>JOHN</u>			Distance to property line:	Source:		
4" inspection port, or riser to surface?	Riser ☒ Port ☐	Riser ☐ Port ☐	Riser ☐	Effluent filter?	Yes ☐ No ☐	Yes ☐ No ☐	

ABSORPTION FIELD

Class I System: Chamber ☒ Eject ☐ Gravelless Pipe ☐ Gravel Media Trenches ☐ Other: _____

Manufacturer: Infiltrator Square footage: Permitted 1200 ft² Installed 1200 ft²

Number of lines: 3 Trench width: 18-36 inches

Lengths of lines: 80 * 80 * 80 * _____

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: _____ Water Supply: _____ Water Line: _____ Property Line: _____

Drainfield laterals installed on-contour: Yes ☒ No ☐ Average Depth: 24" Maximum depth: 36"

Class II System: Design type: _____

Remarks: _____

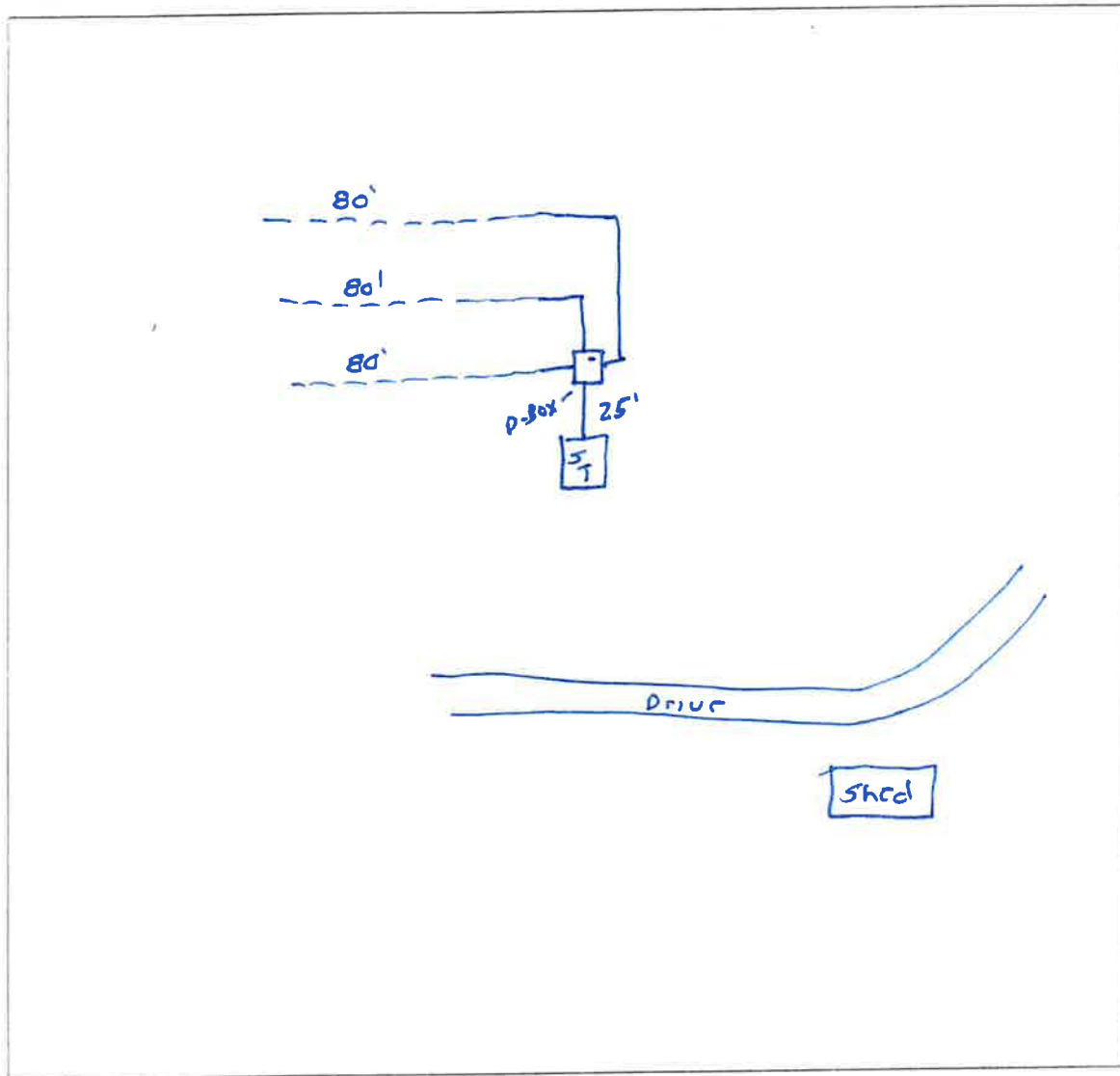
System is installed as per the permitted design and layout. Yes ☒ No ☐

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: _____

Dates visited: _____

Willi Oms
Sanitarian

4-9-25
Date Final Inspection