

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>03 26 14</u> PERMIT NO. DW- <u>14-14-018</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>Jubb</u> First Name <u>RANDALL E.</u> Street/Road <u>RT. 50</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>RT. 50 EAST OF CAPON BRIDGE</u>																																	
WELL LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Depth</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:70%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>2</td> <td>Sandy dirt</td> </tr> <tr> <td></td> <td>2</td> <td>10</td> <td>Brown & Gray clay</td> </tr> <tr> <td></td> <td>10</td> <td>120</td> <td>SOFT Black shale</td> </tr> <tr> <td></td> <td>120</td> <td>180'</td> <td>Gray shale</td> </tr> <tr> <td></td> <td>94'</td> <td>97'</td> <td>SOFT + fractured Area Rock fragments falling IN Water - 7 GPM</td> </tr> <tr> <td></td> <td>110'</td> <td></td> <td>Water - 20 GPM Fractured</td> </tr> <tr> <td></td> <td>170'</td> <td></td> <td>Water - 18 GPM</td> </tr> </tbody> </table>		Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		0	2	Sandy dirt		2	10	Brown & Gray clay		10	120	SOFT Black shale		120	180'	Gray shale		94'	97'	SOFT + fractured Area Rock fragments falling IN Water - 7 GPM		110'		Water - 20 GPM Fractured		170'		Water - 18 GPM	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>180</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>71</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other <u>Certa-L.K.</u> Casing/Liner Diameter <u>4</u> (in) Length <u>140</u> (ft) from <u>0</u> (ft) to <u>140</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>40</u> (ft) from <u>140</u> (ft) to <u>180</u> (ft) GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	
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		GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PRESSURE</u>																																	
		PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>45</u> G.P.M. Static Water Level <u>20</u> (ft) *Pumping level below land surface <u>178</u> (ft) after <u>1/2</u> hrs. at <u>45</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>2</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>																																	
		VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____																																	
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.		COMMENTS BY INSTALLER: <u>No Tongue Arrester</u> <u>No Cable Guards</u> <u>No Rope</u> <u>SET pump Above</u> <u>140'</u> <u>Water cleared up</u> <u>Good</u>																																	
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) _____																																			

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

Permit # ST-14-14-24

Name of Owner: Randall E Jubb Installer: Gary Carpenter
Address: 8095 Solleg Rd, Glen Burnie, Md 21060
Property Location: Capon Bridge Lot Size: 20 acres
Type of Facility: barn/garage Facility is: ☐ New ☒ Existing
Design Loading in gpd/# Bedrooms: 0 Source of Water: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete
Distances (in feet) of Tank to: Dwelling 59'
Private ☒ Public ☐ Water Source: >100' Property Line: >100'

ON-SITE DISPOSAL SYSTEM

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

No. of Lines: 2 Length (in feet): 90's
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches
Size Equates to 900 sq ft of SGF
Distance (in feet) of System to: Dwelling 77'
Private (☒) Public () Water Source: >100' Property Line: >100'
Remarks:

GPS: N39 18 09.8 W78 25 01.1

An inspection indicates that
The sewage disposal system
Described above

DOES MEET ☒

DOES NOT MEET ☐ or

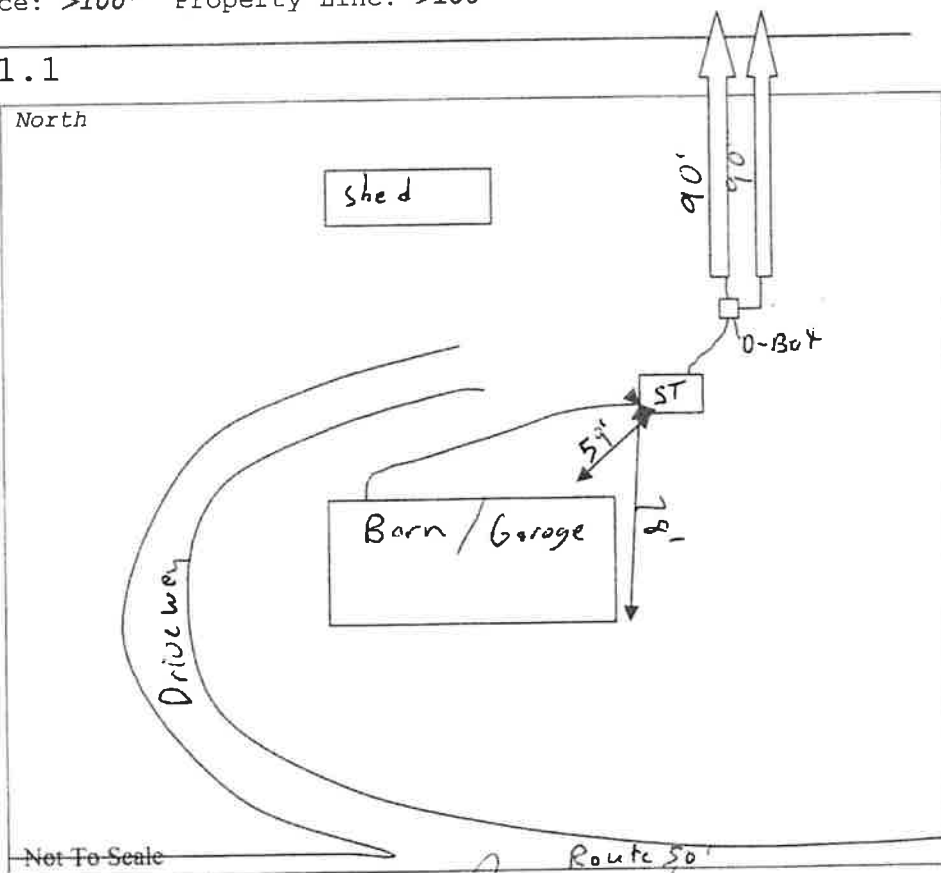
CANNOT BE DETERMINED TO

**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): 10/22/2013



FINAL INSPECTION DATE: 10/22/2013

SANITARIAN: [Signature]