

| Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____ | DATE THE WELL WAS COMPLETED MM DD YY <u>05 02 13</u> PERMIT NO. DW- <u>16-13-006</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>Graham</u> First Name <u>PAUL & CYNTHIA</u> Street/Road <u>LOCKINGER RIDGE RD.</u> County <u>HARDY</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>ASHTON WOODS</u> <u>LOT 191</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 | | DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____ | GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PUMPED</u> | | | | | | | | | | | | | | | | | |
| Depth <table border="1" style="width:100%; border-collapse: collapse;"> <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> <tr> <td>0</td> <td>45</td> <td>Layers of Brown Shale + Brown Sandstone</td> </tr> <tr> <td>45</td> <td>420</td> <td>Mostly Gray Shale Some Red Shale Seams</td> </tr> <tr> <td>150</td> <td></td> <td>Water - Trickling</td> </tr> <tr> <td>175</td> <td></td> <td>Water - 7 GPM Fractured Area</td> </tr> <tr> <td>Armed</td> <td>335</td> <td>Water - 6 GPM</td> </tr> </table> | From (ft.) | To (ft.) | State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM). | 0 | 45 | Layers of Brown Shale + Brown Sandstone | 45 | 420 | Mostly Gray Shale Some Red Shale Seams | 150 | | Water - Trickling | 175 | | Water - 7 GPM Fractured Area | Armed | 335 | Water - 6 GPM | Hole Diameter <u>6</u> (in) Total depth <u>420</u> (ft) CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6.58</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>80</u> (ft) 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) SCREEN RECORD <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) | PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>13</u> G.P.M. Static Water Level <u>140</u> (ft) *Pumping level below land surface <u>418</u> (ft) after <u>1</u> hrs. at <u>13</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>Water cleared up Good</u> |
| From (ft.) | To (ft.) | State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM). | | | | | | | | | | | | | | | | | | |
| 0 | 45 | Layers of Brown Shale + Brown Sandstone | | | | | | | | | | | | | | | | | | |
| 45 | 420 | Mostly Gray Shale Some Red Shale Seams | | | | | | | | | | | | | | | | | | |
| 150 | | Water - Trickling | | | | | | | | | | | | | | | | | | |
| 175 | | Water - 7 GPM Fractured Area | | | | | | | | | | | | | | | | | | |
| Armed | 335 | Water - 6 GPM | | | | | | | | | | | | | | | | | | |
| 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>E.M. SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1805-3395</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°10'37.397

HARDY COUNTY

Department of Health

Tax Map Name:

Long: W 78°50'59.450

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT

Map # Parcel #

Name of Owner: PAUL & Cynthia Graham Installer: Lysle Sites

Owner Address: 3265 TILTON VALLEY DRIVE FAIRFAX, VA 22033

Property Location: LOT 191 ASHTON WOODS SUBDIVISION

Subdivision: ASHTON WOODS Lot number: 191

Type of Facility: CABIN Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 20.49

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

System requires a perpetual maintenance program as per §64CSR9.7.2: Yes ☐ No ☐

SEWAGE TANK COMPONENTS

| SEWAGE TANK | Septic Tank 1: | Septic Tank 2: | Pump Chamber: | | Septic Tank 1: | Septic Tank 2: | Pump Chamber: |
|--|---|--|--------------------------------|----------------------------|---|--|---------------|
| Capacity in Gallons: | 1000 | | | Distance to dwelling: | 25' | | |
| Constructed of: | CONCRETE | | | Distance to water | 50' | | |
| Manufacturer: | JOLIN | | | Line: | | | |
| | | | | Source: | | | |
| 4" inspection port, or riser to surface? | Riser <input type="checkbox"/> Port <input checked="" type="checkbox"/> | Riser <input type="checkbox"/> Port <input type="checkbox"/> | Riser <input type="checkbox"/> | Distance to property line: | 50' | | |
| | | | | Effluent filter? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

ABSORPTION FIELD

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

Manufacturer: Square footage: Permitted 1200 ft² Installed 1200 ft²

Number of lines: 4 Trench width: 18.36 inches

Lengths of lines: 100, 100, 100, 100, , , , , ,

Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☐ No ☒ Outlets level? Yes ☐ No ☐

If chambers, length of each section: Gravelless pipe diameter: 10

If bed configuration used, dimensions: X Maximum depth to bed bottom on upslope side:

Distance of absorption field to: Dwelling: 47, Water Supply: 100', Water Line: , Property Line: 100'

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















Class II System: Design type:

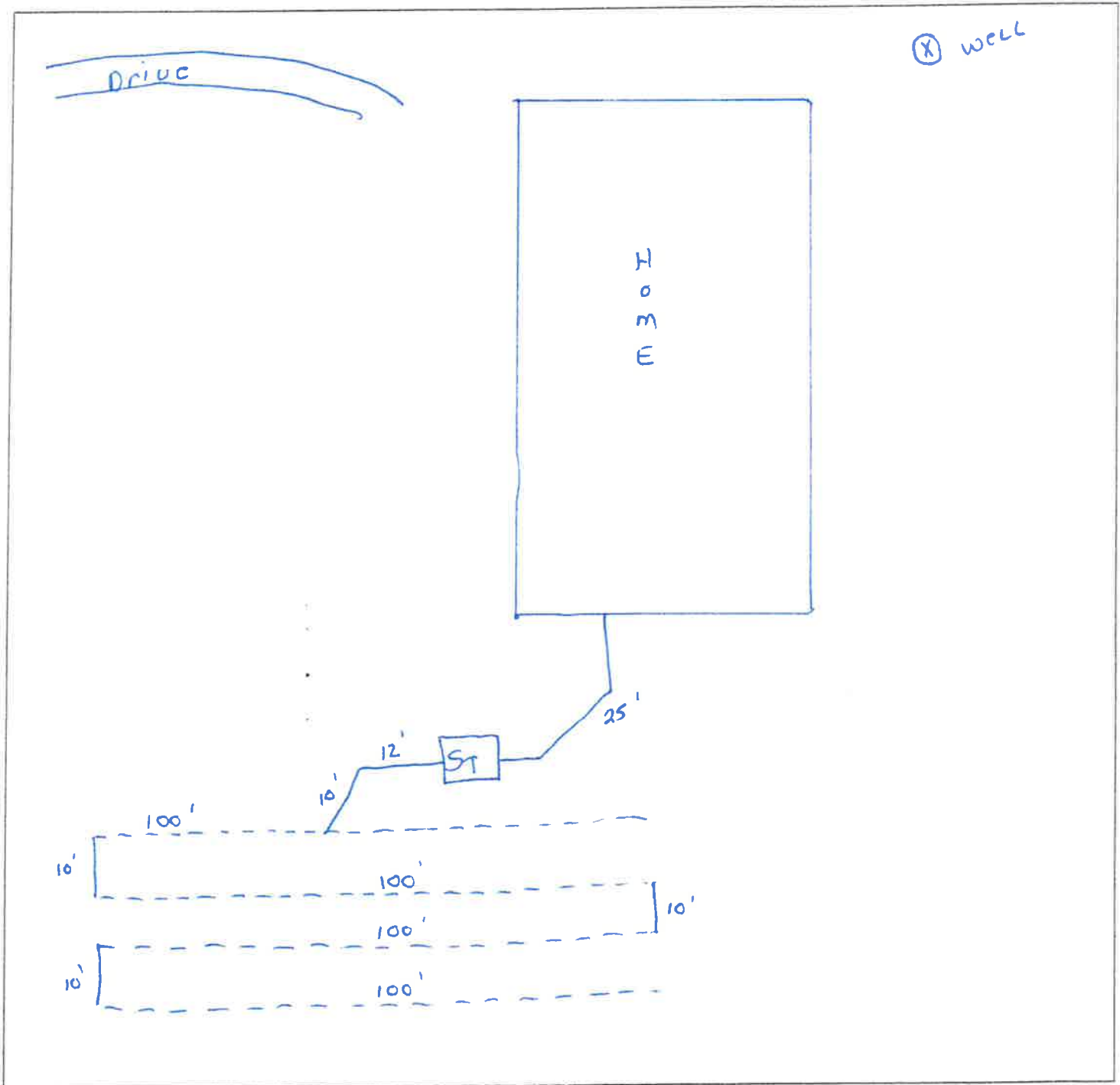
Remarks:

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: _____

Will Owen
Sanitarian

7-2-13
Date Final Inspection