

Well # 2
 Which is
 Primary well for
 Main House

WV STATE DEPARTMENT OF HEALTH
 Office of Environmental Health Services
 ENVIRONMENTAL ENGINEERING DIVISION

SW258

WELL COMPLETION REPORT

Date(s) 5-27-00 County Mineral Permit #: DW-029-00-090

Owner: _____ Area Name/Location _____
 Well Owner: Thomas B. Allen Address: Rt 1 Box 108 A
Burlington WV 26710
 Telephone Number: 289-5028
 Well Driller: B. Mark Smith Address: 71C 86 Box 2-A
Springfield WV 26763
 Telephone Number: 822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-20	Yellow shale	Type of Well: <u>Home</u> Drilling Method: <u>Air-Hammer</u>
21-380	Hard dark gray shale	Well Diameter: <u>6 5/8"</u> Casing O.D.: <u>6 5/8"</u>
381-	Water	Well Depth: <u>500</u> Date Completed: <u>5/27/00</u>
382-500	hard gray shale	CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
		<u>96 GPH</u>

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>156</u>		
Pumping Rate (GPM)	<u>1.6</u>		
Pumping Level (Ft Below Grade)	<u>480</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>12</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Standard
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Grouting: Yes No
 All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

B. Mark Smith #001
 Name _____ Certification No. _____
B.W. Smith Well Drilling
 Registered Business Name _____
Benjamin Mark Smith 5/27/00
 Signed _____ Date _____

3.W. SMITH WELL DRILLING & PUMP CO.

Wells • Pumps

COMPLETE WATER SYSTEMS

Contractors Lic. WV061399

304-496-9977 • 304-496-9377

P.O. Box 310 • Augusta, WV 26704

Owners: Chris & Tabitha Wolford

SOLD TO: Linda Mallow
 ADDRESS: 530 North Street SW 5-907
Washington, D.C. 20024
 COUNTY _____ PHONE 571-274-6115
 WELL PERMIT # _____ DATE 1-7-26
~~12-30-25~~

TERMS: NET 10 DAYS

QTY.	DESCRIPTION	AMOUNT
	This well is 500' with a 133' static water level and has 550 gallons of storage. Well was pumped down to 350' and was determined to have 1.4 gallons per minute Recovery Rate.	
	Service call to check Recovery Rate of well	300.00
	<p style="color: red;">SPED</p> <p style="color: red;">For well #2 which is Primary well for M's House</p> <p style="color: red;">CK# 2202</p>	

A SERVICE CHARGE OF 1-1/2% WILL BE ADDED TO ALL ACCOUNTS OVER 30 DAYS.
 e above well casing pump, pipe equipment, etc., remains the property of Smith Well Drilling until
 paid in full and Smith Well Drilling shall have the right to go upon the premises without guilt of
 trespass and reclaim and recover any materials and equipment installed.
 The purchaser agrees that it is responsible for attorney's fees
 and costs of any proceeding to enforce payment of any amounts.
 B.W. Smith Well Drilling does not guarantee water quantity or quality.

TOTAL	300.00
Tax	18.00
TOTAL	318.00