Rev 3/08

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
___ ___ ___

DATE THE WELL WAS COMPLETED
MM DD YY
04 23 2009

PERMIT NO.
DW-14-09-094

STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT

Rec'd 11/09

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 Weese First Name Donna
Street/Road 115 Cedar St Moorefield WV County Hampshire Zip Code 26836

Latitude: ____ Deg ____ Min ____ Sec
Longitude: ____ Deg ____ Min ____ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
Huffman Rd. on Left

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other ____

WELL LOG

From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	1	Sod
1	16	Brown shale
16	400'	Gray shale
196'		WATER 2.5 GPM

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other
Hole Diameter 6 (in)
Total depth 400' (ft)

CASINGS RECORD
MAIN CASING TYPE
☒ Steel ☐ Plastic
☐ Other ____
Casing Diameter 6 5/8 (in)
Wall Thickness .188 (in)
Casing Length 30 (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 ____
Length ____(ft) from ____(ft)
to ____(ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From ____(ft) to ____(ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other ____
No. of Bags: 2
Installation Method:
PRESSURE

PUMP INSTALLED
By Driller ☐ Yes ☐ No

ESTIMATED WELL YIELD
Estimated at 2 1/2 G.P.M
Static Water Level 60 (ft)
*Pumping level below land surface
398 (ft) after 1 hrs. at
2.5 G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Installed: ____

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 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 BW Smith Well Drilling Inc WV Contractor No. WW038905
Business Registration No. 1005-5795 Master Well Driller Certification No. 574
Master Well Driller (print) Chris Wolford
Master Well Driller Signature Chris Wolford

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) ____, ____