

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>08 5 14</u> PERMIT NO. DW- <u>14-14-020</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH WATER WELL Co. 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
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LOCATION OF WELL
 Well Owner: Last Name LARRICK / WHETZEL First Name JENNIFER / JOSHUA
 Street/Road OLD JERSEY MT. RD. County HAMPSHIRE 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>JERSEY MT. RD.</u> <u>ROMNEY</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 _____
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WELL LOG		DRILLING METHOD	GROUTING RECORD
Depth		<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PUMPED</u>
From (ft.)	To (ft.)	Hole Diameter <u>6</u> (in) Total depth <u>360</u> (ft)	ESTIMATED WELL YIELD Estimated at <u>4</u> G.P.M. Static Water Level <u>50</u> (ft) *Pumping level below land surface <u>358</u> (ft) after <u>1/2</u> hrs. at <u>4</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
0	1	CASINGS RECORD	PUMP INSTALLED
1	2	MAIN CASING TYPE <u>DRIVE SHOE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____	By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	21	Casing Diameter <u>6.518</u> (in) Wall Thickness <u>.188</u> (in)	
21	34	Casing Length <u>80</u> (ft)	
34	51	Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____	
51	360	Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	
84'		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)	WELL HEAD COMPLETION
		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>
			VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> 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 B.W. SMITH WELL DRILLING WV Contractor No. 038905
 Business Registration No. 1005-5395 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) _____

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

Permit # **ST-14-14-25**

Name of Owner: Jennifer Larrick / Joshua Whetzel Installer: David Adams
 Address: PO Box 386, Capon Bridge, WV 26711
 Property Location: new Old Jersey Mt. Road Lot Size: 22.05 acres
 Type of Facility: residence Facility is: New Existing
 Design Loading in gpd/# Bedrooms: 3 Source of Water:

SEWAGE TANK COMPONENT

Capacity in Gallons: **1000** Material: precast concrete
 Distances (in feet) of Tank to: Dwelling **21'**
 Private Public Water Source: **>150'** 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 **65'**
 Private () Public () Water Source: **122'** Property Line: **>100'**
 Remarks:

GPS: N39 23 17.9 W78 39 38.1

An inspection indicates that
 The sewage disposal system
 Described above

DOES MEET

DOES NOT MEET or

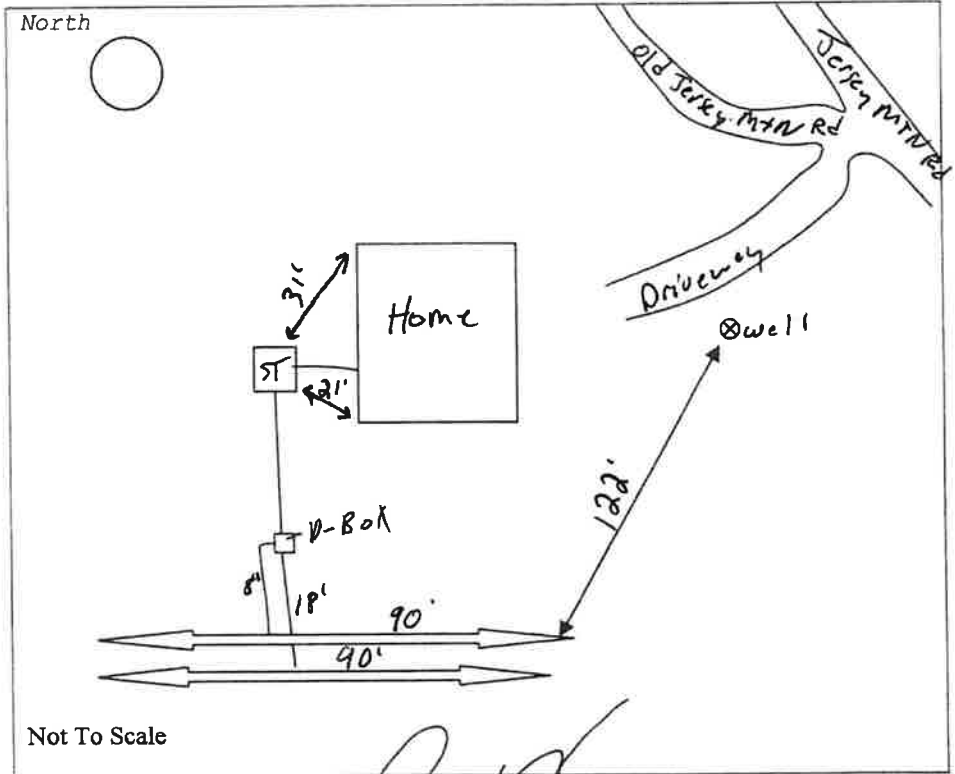
CANNOT BE DETERMINED TO

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): **8/18/2014**



FINAL INSPECTION DATE: 8/18/2014

SANITARIAN: [Signature]