

Rev 2/11	DATE THE WELL WAS COMPLETED MM DD YY 8 20 19	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
ST/CO USE ONLY DATE RECEIVED	PERMIT NO. DW: 16-19-029	WATER WELL COMPLETION REPORT	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
MM DD YY	LOCATION OF WELL		
Well Owner: Last Name Miller	First Name DOUG & JENNIFER		
Street/Road 5982 S. BRANCH MT. RD	County HARDY	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: ASHTON WOODS LOT 267	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: 5 Installation Method: PUMPED
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	Hole Diameter 6 (in) Total depth 500 (ft)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
From (ft.)	To (ft.)	CASINGS RECORD MAIN CASING TYPE DRIVE SHOE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing Diameter 6 5/8 (in) Wall Thickness 153 (in) Casing Length 100 (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)	ESTIMATED WELL YIELD Estimated at 4 G.P.M. Static Water Level 240 (ft) * Pumping level below land surface 448 (ft) after 1/2 hrs. at 4 G.P.M. (Estimated) * Note: For Public Water Supply wells please submit required yield and drawdown tests.
0	8	Sandy dirt & Sandstone Rock	
8	57	Brown Sandstone (Hard)	
57	80	SOFT Red Blue shale	
80	140	mostly Blue Sandstone some Brown	
140	205	Blue Sandstone	
205	400	mostly Blue & Red Sandstone some Blue & Red shale	
400	460	Blue shale	
	354	Water - 3 1/2 GPM	
	460	Water - 1/2 GPM	
460	500	Dark Gray shale & Blue shale	
If additional space is needed, use additional sheets and attach w/permit # at top.		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 Casing height above grade 1 (ft) Type Of Well Cap Installed: Hand
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.		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____
Company Name BW 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 <i>Chris Wolford</i>		COMMENTS BY INSTALLER:	
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) _____			

COPIES - County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)



Lat: N: 39 8 24

HARDY COUNTY Department of Health

Tax Map Name: _____

Long: W: 78 50 46

**ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT**

Map = _____ Parcel # _____

Name of Owner: Douglas & Jennifer Miller Installer: WALTER Fields
 Owner Address: 7171 TROUGH ROAD Moorefield WV 26836
 Property Location: Lot 267 Ashton Woods Subdivision South Branch Mountain Rd 6 miles or Right
 Subdivision: Ashton Woods Lot number: 267
 Type of Facility: New Home Facility is: New Existing Lot Size (ft²/acres): 20.51
 Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing Proposed Type: Well
 System requires a perpetual maintenance program as per 64CSR9.7.2: Yes No

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	<u>1000</u>			Distance to dwelling:	<u>60'</u>		
Constructed of:	<u>PLASTIC</u>			Distance to water Line:			
Manufacturer:				Distance to property line:	<u>50'</u>		
4" inspection port, or riser to surface?	Riser Port <input checked="" type="checkbox"/>	Riser Port <input type="checkbox"/>	Riser <input type="checkbox"/>	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: ARC Square footage: Permitted 1200 ft² installed 1200 ft²
 Number of lines: 3 Trench width: 18-36 inches
 Lengths of lines: 20', 20', 20', _____, _____, _____, _____, _____

Inspection ports installed? Yes No Distribution box used? Yes No Outlets level? Yes No
 If chambers, length of each section: 5' Gravelless pipe diameter: _____
 If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____
 Distance of absorption field to: Dwelling: 70' Water Supply: 100' Water Line: _____ Property Line: 100'
 Drainfield laterals installed on-contour: Yes No Average Depth: 24" Maximum depth: 24"

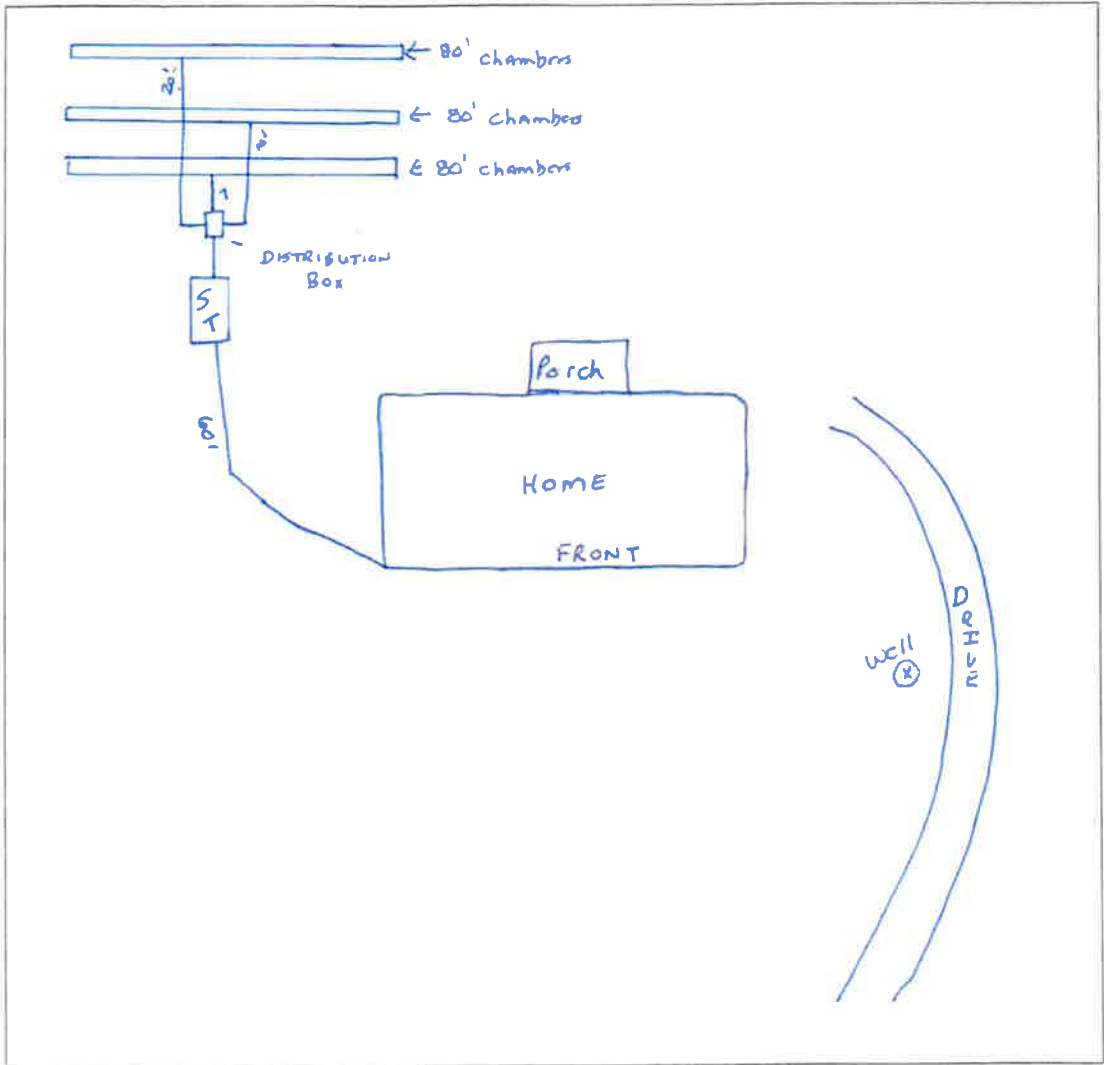
Class II System: Design type: _____
 Remarks: _____

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 _____

William Duv
Sanitarian

9-18-19

Date Final Inspection