Rev 3/08

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

DATE THE WELL WAS COMPLETED
MM DD YY
10 22 24

PERMIT NO.
DW 29-24-33

STATE OF WEST VIRGINIA 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 Hargett First Name Harold
Street/Road 212 Grace Cabin Rd. County Mineral Zip Code 26719

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

AREA NAME/LOCATION:
Ft. Ashby
Bluff on the Potomac

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

WELL LOG

Depth From (ft.)	Depth To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	3	Sandstone Rocks + dirt
3	61	Brown Shale
61	98	SOFT Gray Shale
98	899'	Gray Shale A few Hard seams

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 899 (ft)

CASINGS RECORD
MAIN CASING TYPE
☒ Steel ☐ Plastic
☐ Other
DRIVE SHOE
Casing Diameter 6 5/8 (in)
Wall Thickness .188 (in)
Casing Length 120 (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: 6
Installation Method:
Pumped

PUMP INSTALLED
By Driller ☐ Yes ☒ No

ESTIMATED WELL YIELD
Estimated at 27 G.P.M. HOUR
Static Water Level 357 (ft)
*Pumping level below land surface
897 (ft) after 1/2 hrs. at
27 G.P.M. (Estimated) HOUR
*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: Harvard

VARIANCE ISSUED ☐ Yes ☒ No
Request Number ____

COMMENTS BY INSTALLER:
27 Gallons Per HOUR

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 + Pump Co. WV Contractor No. WV 061394
Business Registration No. 2415-7480 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) ____

RDC 11-12-24

West Virginia Department of Health

STS
Permit #: 29-24-045

Lat: N: 39.37832 Mineral County Health Department Tax Map #: CR

Long: W -78.81125 **ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION REPORT** Parcel # 1-22A-8

1605'

Name of Owner: Harold & Betty Hargett Installer: Walter Fields

Owner Address: 8903 Harmony Rd, Myersville MD 21773

Property Location: 212 Graces Cabin Rd

Subdivision: Bluffs on the Potomac Lot number: 212

Type of Facility: Cabin Facility is: New Lot Size (ft²/acres): 20.18

Design Loading:
Bedrooms: 3 BR or GPD _____ Water Supply: well (Private) Type: well

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

SEPTIC TANK(s)

	Capacity in Gallons:	Constructed of:	Manufacturer:	Inspection Port or Riser Installed?		Distance to dwelling:	Distance to water:		Distance to property line:	Effluent filter Installed?
				Port	Riser		Line	Source		
Septic Tank 1	1000	Concrete	Piles	✓	✓	NA		156	200+	No
Septic Tank 2										
Septic Tank 3										

PUMP CHAMBER

Capacity in Gallons:	Constructed of:	Manufacturer:	Inspection Port or Riser Installed?	Distance to dwelling	Distance to property line:

PUMP

Make and Model:	Time Dosed:	High Water Alarm Installed?	Minimum Pump Capacity	Maximum Pump Capacity:

BED AREA

Bed Configuration: Length: ft. Width: ft.

SS-177 ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (continued)

ABSORPTION FIELD (if applicable)					
Class I System:	Type: Gravity flow				
Manufacturer:					
	Line 1	Line 2	Line 3	Line 4	Line 5
Length:	80 ft.	70 ft.	90 ft.	ft.	ft.
Width:	3 ft.	3 ft.	3 ft.	ft.	ft.

OTHER SYSTEM COMPONENTS/INFORMATION

Square footage: Permitted: 1200 ft² Installed: 1200 ft²

Distribution Method: D-Box Outlets level? Yes

If chambers, length of each section: Graveless pipe diameter:

Distance of absorption field to: Dwelling: N/A ft. Water Supply: 150 ft. Water Line: ft. Property Line: 200+ ft.

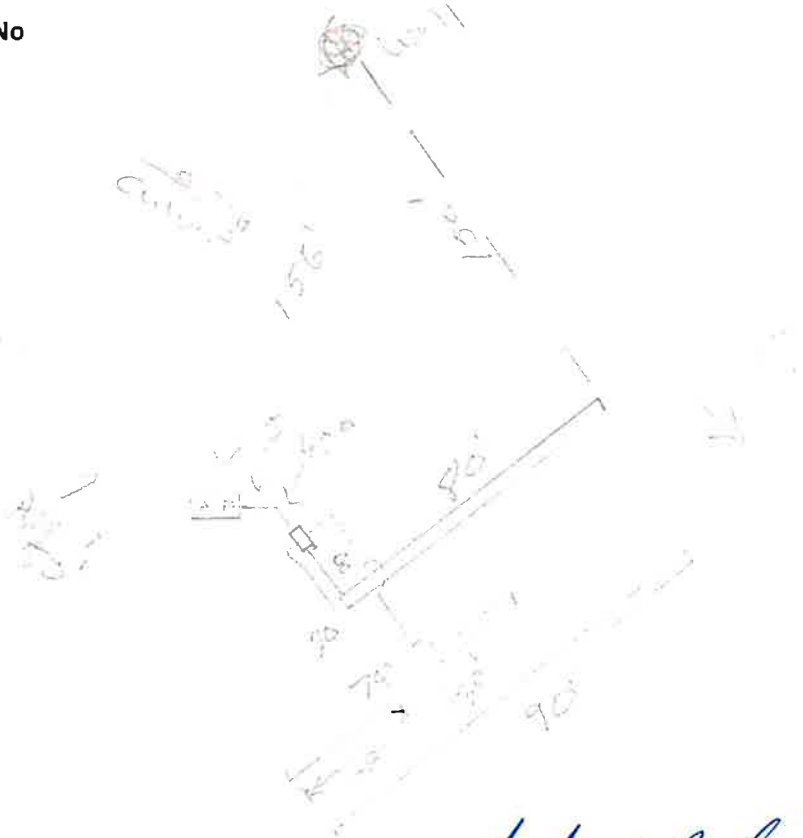
Drainfield laterals installed on-contour: Yes Average Depth: 28 in. Maximum Depth: 28 in.

System is installed as per the permitted design and layout: Yes If No see Comments

Inspection Drawing Attached? ☒ Yes ☐ No

System is: ☒ Approved ☐ Not Approved

COMMENTS:



Date Final Inspection 5/7/25 Sanitarian