

### WELL COMPLETION REPORT

Date(s) 8-22-06 County Hardy Permit #: DW-1606068  
Town Lost River Area Name/Location The Summitt Lot 18 - 19 8 17  
Well Owner: Robert Dillard Address: 288 Settlers Valley Way  
Telephone Number: (304)897-5707 Lost River WV 26810  
Well Driller: Miller Brothers Drilling Address: PO Box 670  
Telephone Number: (304)822-4092 Augusta WV 26704

#### WELL LOG

| DEPTH IN FEET | FORMATIONS<br>KIND, THICKNESS AND IF WATER BEARING | REMARKS:                                                                                                      |
|---------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 0-46          | Brown shale                                        | Type of Well: <u>House</u> Drilling Method: <u>Air rotary</u>                                                 |
| 46-182        | Blue shale & sandstone                             | Well Diameter: <u>6 1/8"</u> Casing O.D. <u>7"</u>                                                            |
|               |                                                    | Well Depth: <u>182'</u> Date Completed: <u>8-22-06</u>                                                        |
|               |                                                    | CASING: Length <u>60</u> Feet Height above ground <u>2</u> Feet                                               |
|               |                                                    | <input type="checkbox"/> Steel <input checked="" 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                                                                            |

#### PUMPING OR BAILING TEST

| DETAILS                                  | #1  | #2 | #3 |
|------------------------------------------|-----|----|----|
| Static Water Level (Ft. Below Grade)     | 50  |    |    |
| Pumping Rate (GPM)                       | 150 |    |    |
| Pumping Level (Ft. Below Grade)          | 180 |    |    |
| Duration of Test (In Hours)              | 1   |    |    |
| Recovery Time to Static Level (In Hours) |     |    |    |

#### WELL HEAD

Pitless Adapter: Type. Make. Etc. \_\_\_\_\_  
Well Cap: Type. Make. Etc. \_\_\_\_\_  
Well Seal: Type. Make. Etc. \_\_\_\_\_  
Well Platform: \_\_\_\_\_  
Length \_\_\_\_\_ Width \_\_\_\_\_ Thickness \_\_\_\_\_  
Grouting: ☒ Yes ☐ No  
All Public Water Supplies must be grouted.

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

Bobby Allred 602  
Name Certification No  
Miller Brothers Drilling LLC 8-22-06  
Registered Business Name Date  
Bobby Allred  
Signed

License No. WV Exp. Date Robert M. FANSLER

Signature of Installer: Robert M. FANSLER

**SKETCH**  
ing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system locations. Show all structures or facilities to be served by on-site sewage system on the lot or tract.

ly line ☒ Water Supply ||||| Trees (P) Percolation test site ☐ ST Septic tank  
Direction of ground slope \_\_\_\_\_ Property line ☐ MH Mobile Home

Lot #18

Parking Lot

Property Line

Rocky Branch RD

Lot #17

One well Lot #17, 18, 19

Percolation test site