WV Department of Health and Human Resources
Bureau of Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

Rec 10-3-02

SW258
10/01

WELL COMPLETION REPORT

Date(s) 8/3/02 County Hampshire Permit #: DW-14-02-296

Town: _____ Area Name/Location Curly's acres Lot 1

Well Owner: Vernon M. Bull Address: 2925 Stringtown Rd.
Sparks MD 21152

Telephone Number: 410-472-2392

Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Springfield, WV 26763

Telephone Number: 304-822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-18	yellow Shale
19-200	hard gray Shale
201-	Water
202-319	hard gray Shale
320	Water
321-400	hard gray Shale
401-460	hard dark gray Shale
	120 Gph

REMARKS:

Type of Well: home Drilling Method: Air-hammer

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 460' Date Completed: 8/3/02

CASING: Length 40' Feet Height above ground 1 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☑ 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)	237		
Pumping Rate (GPM)	2		
Pumping Level (Ft. Below Grade)	460		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1/2		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. Water-tight

Well Seal: Type, Make, Etc. _____

Well Platform:

Length _____ Width _____ Thickness _____

Grouting: ☑ Yes ☐ No
All Public Water Supplies must be grouted.

I 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.

B. Mark Smith #001
Name Certification No.

B.W. Smith Well Drilling
Registered Business Name

Signed B. Mark Smith 8/3/02
Date

SW-25
Rev. 8/01

WEST VIRGINIA BUREAU FOR PUBLIC HEALTH

PERMIT

OWNER _____ and DRILLER _____

are hereby issued a permit to _____ a well located
(Construct, Modify or Abandon)

at _____

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date Issued _____

_____ _____
Issuing Officer Title

Expires _____

_____
County Health Department

Permit No. _____

This permit is not transferable and any change of information submitted in application dated _____ will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES