

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____	DATE THE WELL WAS COMPLETED MM DD YY <u>9 8 15</u> PERMIT NO. DW- <u>14-16-012</u>	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 <u>MOUNTAINS & MORE LLC</u>	First Name _____	
Street/Road <u>RT. 259</u>	County <u>HAMPSHIRE</u>	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>RIVER RIDGE</u> <u>LOT 1</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 _____
---	--	---

WELL LOG			DRILLING METHOD	GROUTING RECORD
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).			
From (ft.)	To (ft.)			
0	1	<u>dirt + roots</u> <u>sandy dirt</u> <u>clay</u> <u>SOFT brown sand</u> <u>white clay</u> <u>Brown + white sandstone</u> <u>water - 76 gpm</u>	<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____ Hole Diameter <u>6</u> (in) Total depth <u>426</u> (ft)	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 _____
1	3		CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE</u> <input type="checkbox"/> Other <u>SHOE</u> Casing Diameter <u>6.518</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>424</u> (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>24</u> Installation Method: <u>PUMPED</u>
3	10		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)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	60		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)	ESTIMATED WELL YIELD Estimated at <u>7</u> G.P.M. Static Water Level <u>220</u> (ft) *Pumping level below land surface <u>423</u> (ft) after <u>1/2</u> hrs. at <u>7</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
60	85		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>
85	426			VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____
426				COMMENTS BY INSTALLER: <u>SET PUMP AT</u> <u>290'</u>

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 <u>B.H. SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1005-5395</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Chris Welford</u> Master Well Driller Signature <u>Chris Welford</u>	
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) _____	

SS 177 7/96

STATE OF WEST VIRGIN

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-06Tax Map: 23 Parcel #:

County Road: _____

County: HarperON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMName of Owner: James Miller Installer: WATER FIELDAddress: P.O. Box 359 Romney, WV 26757Property Location: River Ridge lot #1Type of Facility: HOUSE Facility is: New (☒) Existing () Lot Size: 20 - Sq FDesign Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: ST-S

Distances (in feet) of Tank to: Dwelling: _____ Private ()/Public () Water Source: _____ Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ In
Chamber Soil Absorption Trenches (☒) or Bed ()Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or
Shallow Soil Absorption Trenches () or Bed () Other: _____No. of Lines: 3 Length (in feet) of Each: 80, 80, 80Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inchesIf Bed, Dimensions (in Feet): _____ If Chamber System, Name: B10, No. of Units: _____Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 1200 Square Feet of Standard Gra

Distances (in feet) of System to: Dwelling: _____ Private ()/Public () Water Source: _____ Property Line: _____

Remarks: _____

An inspection indicates that the sewage disposal system described above

DOES MEET (☒)

DOES NOT MEET ()

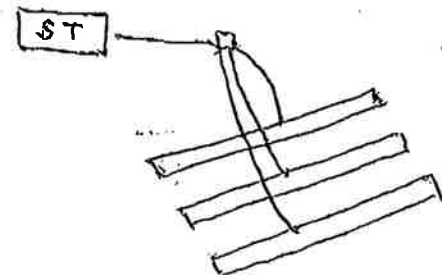
CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

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.

Sketch of installation with Triangulation or Distance to Specific Landmark:

12-6-05
No well
No house



Not to Scale

Visit Date(s): 7-2-05Final Inspection Date: 12-6-05Sanitarian: J. K. [Signature]