

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>8</u> <u>11</u> <u>17</u> PERMIT NO. DW- <u>029-17-022</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH 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>Romero</u> First Name <u>CHRISTOPHER</u> Street/Road _____ County <u>MINERAL</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>BLUFFS OF THE POTOMAC</u> <u>LOT 102</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 <input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____ Hole Diameter <u>6</u> (in) Total depth <u>699</u> (ft) CASINGS RECORD MAIN CASING-TYPE <u>DRIVE SHALE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>143</u> (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) 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) GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>8</u> Installation Method: <u>PUMPED</u> PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>14</u> G.P.M. Hour Static Water Level <u>233</u> (ft) *Pumping level below land surface <u>697</u> (ft) after <u>1/2</u> hrs. at <u>14</u> G.P.M. (Estimated) Hour *Note: For Public Water Supply wells please submit required yield and drawdown tests.																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Depth</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:70%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>103</td> <td>Brown shale</td> </tr> <tr> <td></td> <td>103</td> <td>117</td> <td>Gray + Brown shale</td> </tr> <tr> <td></td> <td>117</td> <td>245</td> <td>Light Blue shale</td> </tr> <tr> <td></td> <td>245</td> <td>260</td> <td>Dark Gray slate</td> </tr> <tr> <td></td> <td>260</td> <td>465</td> <td>Blue shale</td> </tr> <tr> <td></td> <td>465</td> <td>540</td> <td>Layers of Dark Gray shale + Light Gray shale</td> </tr> <tr> <td></td> <td>540</td> <td>699</td> <td>Gray shale</td> </tr> </tbody> </table>		Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		0	103	Brown shale		103	117	Gray + Brown shale		117	245	Light Blue shale		245	260	Dark Gray slate		260	465	Blue shale		465	540	Layers of Dark Gray shale + Light Gray shale		540	699	Gray shale	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u> VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER: <u>14 Gallons per Hour</u> <u>336 Gallons per Day</u>	
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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.L. 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 Wolford</u> Master Well Driller Signature <u>Chris Wolford</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) _____																																			

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT

Name of Owner: CHRISTOPHER ROMERO Installer: ROCKS MOUNTAIN FARM DW (SI)
Address: 66 13 RIDGEWAY DRIVE SPRINGFIELD VA 22150
Property Location: LOT #102 BLUFFS OF THE POTOMAC
Type of Facility: RESIDENCE Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 24.18
Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1080 Material: CONCRETE Manufacturer: _____
Distance (ft) of System to: Dwelling: 28 Private ☒ Public ☐ Water Source: 75+ Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I System: Standard Soil Absorption Trenches ☐ or Bed ☐ Gravelless Pipe ☐ Diameter: _____ Inches
Chamber Soil Absorption Trenches ☒ or Bed ☐
Class II System: Pumped/Dosed Soil Absorption Trenches ☐ or Bed ☐ Evapotranspiration Trenches ☐ or Bed ☐
Shallow Soil Absorption Trenches ☐ or Bed ☐ Other: _____
No. of Lines: 4 Length (in feet) of Each: 80, 80, 80, 80, _____, _____, _____
Width of Trenches: 3 inches/feet. Depth to Bottom of Field: 24 inches.
If Bed, Dimensions: _____ feet. If Chamber System, Name: _____, No. of Units: _____
Approved & Adequate Materials Used? Yes ☒ No ☐ Size Equates to: 1600 Sq. Ft. of Standard Field
Distance (ft) of System to: Dwelling: 105+ Private ☒ Public ☐ Water Source: 150+ 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 for 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 Landmarks:

SEE ATTACHED DWG



Draw Arrow
toward North

Visit Date(s): 3-28-17
Final Inspection Date: 8-23-17

Sanitarian: Dakota R.S.

CHRISTOPHER ROMERO
6613 RIDGEWAY DR.
SPRINGFIELD VA 22150

INSTALLER: SUNRISE CONTRACTING LLC
(SHAWN ROEDER)
FINAL: 8-23-17
10/10/17

LOCATION OF PRAP:
BLUFFS OF THE POTOMAC
LOT #102

EPS TANK:
39 26 B.2
78 46 48.0

WELL SITE

