

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>4 04 2011</u> PERMIT NO. DW- <u>14-11-068</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>EfteKari</u> First Name <u>REZA</u>		Street/Road <u>OUR LANE</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>Points WV</u> <u>Our Lane on Left</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 <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>3</td> <td>Sandstone Rocks + sand</td> </tr> <tr> <td></td> <td>3</td> <td>17</td> <td>Brown shale</td> </tr> <tr> <td></td> <td>17</td> <td>64</td> <td>Brown sandstone</td> </tr> <tr> <td></td> <td>64</td> <td>102</td> <td>Gray sandstone</td> </tr> <tr> <td></td> <td>102</td> <td>230</td> <td>Gray shale / some thin Dark Gray sandstone layers</td> </tr> <tr> <td></td> <td>230</td> <td>1000</td> <td>Gray + Dark Gray shale</td> </tr> <tr> <td></td> <td>Around 750-800</td> <td></td> <td>Water - 5 GPM</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	3	Sandstone Rocks + sand		3	17	Brown shale		17	64	Brown sandstone		64	102	Gray sandstone		102	230	Gray shale / some thin Dark Gray sandstone layers		230	1000	Gray + Dark Gray shale		Around 750-800		Water - 5 GPM	DRILLING METHOD <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>1000</u> (ft) CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE SHOE</u> <input type="checkbox"/> Other Casing Diameter <u>6.518</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>100</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>5</u> Installation Method: <u>PRESSURE</u> PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>5</u> G.P.M. Static Water Level <u>560</u> (ft) *Pumping level below land surface <u>998</u> (ft) after <u>1</u> hrs. at <u>5</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
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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.		WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: _____ VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER:																																	
Company Name <u>B.M. SMITH WELL DRILLING WV</u> Contractor No. <u>008905</u> Business Registration No. <u>1085-5295</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) _____																																			

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-11-76A**

Name of Owner: Reza Eftekari Installer: Walter Fields
Address: 440 Belmont Bay Dr #104, Woodbridge, Va 22191
Property Location: Branch Mtn. Lot Size: 20AC Acres
Type of Facility: New Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Pump Chamber 500 gal
Distances (in feet) of Tank to: Dwelling 73'
Private ☒ Public ☐ Water Source: >100 Property Line: 30'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter In.
Chamber Soil Absorption Trenches () or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () LPP (X)
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other:

No. of Lines: 5 Length (in feet): 60'S
Width of Trenches: 12 inches/feet Depth to Bottom of Field: 12 inches
If Bed, Dimensions (in feet): Size Equates to 900 sq ft of SGF
Distance (in feet) of System to: Dwelling 130'
Private (X) Public () Water Source: >100 Property Line: >100

Remarks:

GPS: N39 25 25.8 W78 38 56.8

An inspection indicates that
The sewage disposal system
Described above

DOES MEET X

DOES NOT MEET ☐ or

CANNOT BE DETERMINED TO

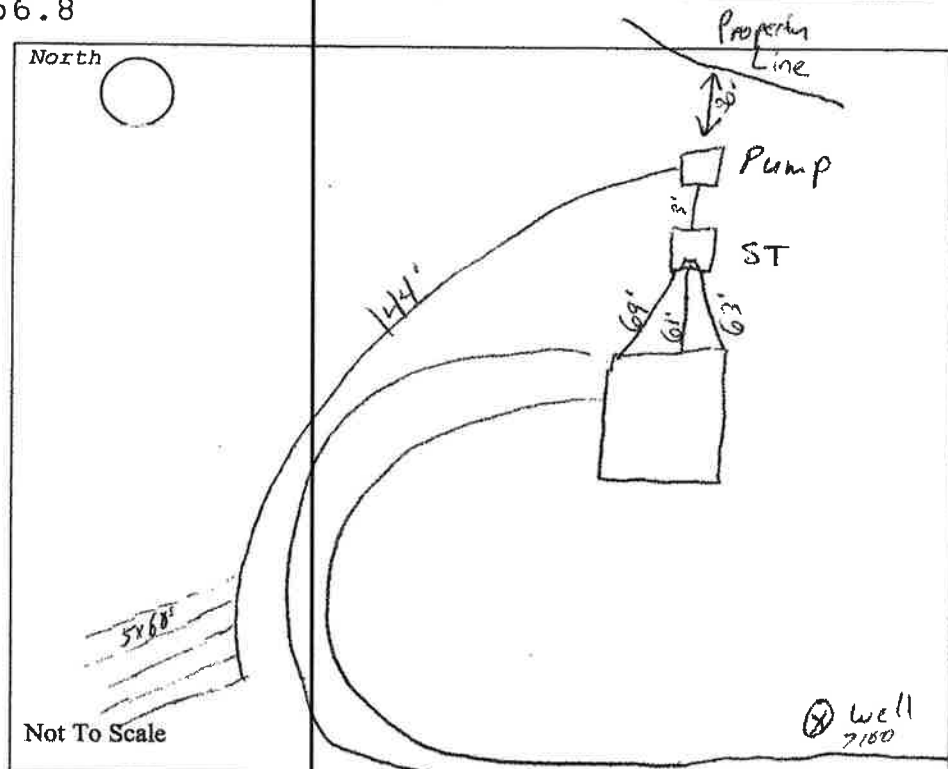
MEET ☐ the minimum standards
Established by the West Virginia
Bureau of Public Health.

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.

Visit Date(s): 10/28/2011

FINAL INSPECTION DATE: 10/28/2011



SANITARIAN:

David R. Jones
RLH. white R.S.