

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____	DATE THE WELL WAS COMPLETED MM DD YY <u>05 16 13</u> PERMIT NO. DW- <u>14-13-058</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>Carrigan</u> First Name <u>DINA</u> Street/Road <u>RT. 29</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>NORTH RIVER FORD LOT 6</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 type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____ Hole Diameter <u>6</u> (in) Total depth <u>180</u> (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3</u> Installation Method: <u>PUMPED</u>											
Depth <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:80%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> <td rowspan="4" style="vertical-align: top;"> <u>Sand + silt</u> <u>River Gravel + Clay</u> <u>Dark Gray shale</u> <u>Black shale</u> <u>Between 20'-40'</u> <u>water - 2 GPM</u> <u>Between 40'-60'</u> <u>water - 2 GPM</u> </td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">11</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">75</td> </tr> <tr> <td style="text-align: center;">75</td> <td style="text-align: center;">180</td> </tr> </table>	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	0	6	<u>Sand + silt</u> <u>River Gravel + Clay</u> <u>Dark Gray shale</u> <u>Black shale</u> <u>Between 20'-40'</u> <u>water - 2 GPM</u> <u>Between 40'-60'</u> <u>water - 2 GPM</u>	6	11	11	75	75	180	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 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>20</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)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>4</u> G.P.M. Static Water Level <u>12</u> (ft) *Pumping level below land surface <u>178</u> (ft) after <u>1</u> hrs. at <u>4</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).												
0	6	<u>Sand + silt</u> <u>River Gravel + Clay</u> <u>Dark Gray shale</u> <u>Black shale</u> <u>Between 20'-40'</u> <u>water - 2 GPM</u> <u>Between 40'-60'</u> <u>water - 2 GPM</u>												
6	11													
11	75													
75	180													
If additional space is needed, use additional sheets and attach w/permit # at top.		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)	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: _____											
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.		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER:											
Company Name <u>B.W. 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) _____, _____														