

Rev 2/11		DATE THE WELL WAS COMPLETED MM DD YY <u>9 16 20</u>		West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH		FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED																																			
ST/CO USE ONLY DATE RECEIVED MM DD YY		PERMIT NO. <u>DW-29-21-11</u>		WATER WELL COMPLETION REPORT		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE																																			
LOCATION OF WELL Well Owner: Last Name <u>TUCKER</u> First Name <u>MARY ANN</u> Street/Road <u>40 BLUFFS MOUNT RD</u> County <u>MARTIN</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 ON TOP</u> <u>BLUFFS</u> <u>FOR 13-14</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																																					
<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>2</td><td>Fill shale</td></tr> <tr><td></td><td>2</td><td>3</td><td>dirt</td></tr> <tr><td></td><td>3</td><td>35</td><td>Brown shale</td></tr> <tr><td></td><td>35</td><td>57</td><td>Gray shale/A little Brown shale</td></tr> <tr><td></td><td>57</td><td>59</td><td>Blue shale/Hard Gray</td></tr> <tr><td></td><td>59</td><td>602</td><td>slate layers</td></tr> <tr><td></td><td>602</td><td>799</td><td>Dark Gray shale</td></tr> <tr><td></td><td></td><td></td><td>Blue shale/gray slate</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	2	Fill shale		2	3	dirt		3	35	Brown shale		35	57	Gray shale/A little Brown shale		57	59	Blue shale/Hard Gray		59	602	slate layers		602	799	Dark Gray shale				Blue shale/gray slate	<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>799</u> (ft) CASINGS RECORD MAIN CASING TYPE <u>DRIVE</u> <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>SHOE</u> <input type="checkbox"/> Other _____ Casing Diameter <u>6 1/8</u> (in) Wall Thickness <u>1/8</u> (in) Casing Length <u>80</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)		Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>14" ID</u>	
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		SCREEN RECORD		ESTIMATED WELL YIELD																																					
		<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 at <u>7</u> G.P.M. Hour Static Water Level <u>240</u> (ft) *Pumping level below land surface <u>799</u> (ft) after _____ hrs. at <u>7</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.																																					
		GRAVEL PACK RECORD		WELL HEAD COMPLETION																																					
		Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)		Casing height above grade _____ (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. Company Name <u>WV CONTRACTORS ASSOCIATION</u> WV Contractor No. <u>21341</u> Business Registration No. <u>1825592</u> Master Well Driller Certification No. <u>522</u> Master Well Driller (print) _____ Master Well Driller Signature _____		VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMENTS BY INSTALLER: <u>APPROX. 7 GAL/HOUR</u> <u>APPROX. 170 GAL/DAY</u>																																					
		Request Number _____																																							
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) _____																																									

COPIES - County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Permit No.: ST- 11-11-91

Tax Map: 48-11-24 Parcel #: 24

County Road: _____

County: Mason

Name of Owner: Robert Sweeney Installer: _____
 Address: 7756 Old Church Hill Rd. Sandyhook VA 22572
 Property Location: The above center of Murray Hill VA 22572
 Type of Facility: Resevoir Facility is: New (X) Existing () Lot Size: 20.11 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 4 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1010 Material: 402-1010 Manufacturer: _____
 Distances (in feet) of Tank to: Dwelling: 100 Private (X)/Public () Water Source: well Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
 Chamber Soil Absorption Trenches (X) or Bed ()
 Class II Systems: 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: 100, 100, 100, 100
 Width of Trenches: 2 inches/feet Depth to Bottom of Field: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
 Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 2000 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 100 Private (X)/Public () Water Source: well Property Line: _____
 Remarks: _____

An inspection indicates that
 the sewage disposal system
 described above

DOES MEET (X),

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 Landmarks:

SEE ATTACHED DWG.



Draw Arrow
 toward North

Visit Date(s): 8-11-91

Final Inspection Date: 1-20-92

Sanitarian: D. White

ROBERT SKELDING
7755 CARLEIGH PARK WY
SPRINGFIELD, VA 22152

INSTALLER: BILLIE G. HART
FINAL: 8-30-07
10/10/07

LOCATION OF PROP:

THE BLUFFS LOT #101
ENTER BY WAY OF
PINEHILL HOLLOW RD.

415.

N: 39 26 17.2

w: 73 46 43. ✓

EL:

