

Rev 3/08

STCO USE ONLY
DATE RECEIVED
MM DD YY

DATE THE WELL WAS COMPLETED
MM DD YY
2 5 24

PERMIT NO.
DW-14-24-069

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 **Yokopovich**
Street/Road **MT. River way**
First Name **NICK**
County **Hampshire**
Zip Code

Latitude: _____ Deg. _____ Min. _____ Sec.
Longitude: _____ Deg. _____ Min. _____ Sec.
Acquired By: ☐ GPS, ☐ Tape ☐ Other

AREA NAME/LOCATION:
French's Neck East
sub. Lot 25

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other

WELL LOG
State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).

From (ft.)	To (ft.)	Description
0	2	TOP SOIL
2	10	Clay + dirt - Loose
10	21	Clay
21	50	River Rock
50	120	Blue shale
120	140	Red + Gray shale
70		Water - 2 GPM
85		Water - 38 GPM
		Fractured Rock Fragments falling IN

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other

Hole Diameter **6** (in)
Total depth **140** (ft)

CASINGS RECORD
MAIN CASING TYPE **DRIVE SHOE**
☒ Steel ☐ Plastic
☐ Other

Casing Diameter **6 5/8** (in)
Wall Thickness **1.88** (in)
Casing Length **60** (ft)
Other Casing or Liner Used
Type ☐ Steel ☒ Plastic
☐ Other **Centr-Lock**

Casing/Liner Diameter **4** (in)
Length **120** (ft) from **0** (ft) to **120** (ft)

SCREEN RECORD
☐ Not installed ☒ Installed
Material: ☐ Bronze ☒ Plastic
Diameter of screen **4** (in)
Slot size **.020**"
Length **20** (ft) from **120** (ft) to **140** (ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From _____ (ft) to _____ (ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other
No. of Bags: **6**
Installation Method:
PUMPED

PUMP INSTALLED
By Driller ☐ Yes ☒ No

ESTIMATED WELL YIELD
Estimated at **40** GPM
Static Water Level **36** (ft)
*Pumping level below land surface **138** (ft) after **1/2** hrs. at **40** GPM (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade **1** (ft)
Type Of Well Cap
Installed: **Harvard**

VARIANCE ISSUED ☐ Yes ☒ No
Request Number

COMMENTS BY INSTALLER:
NO TORQUE ARRESTER
NO CABLE GUARDS
NO ROPE
SET PUMP AT 105'

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 **Ed Smith Well Drilling & Pump Co. WY Contractor No. WY 061399**
Business Registration No. **2465-7486** Master Well Driller Certification No. **574**
Master Well Driller (print) **Chris Wolford**
Master Well Driller Signature **Chris Wolford**

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

Rev 6/14



West Virginia Department of Health & Human Resources

Permit #: **ST-14-24-181**Lat: N: 39 30 18Hampshire County Health DepartmentTax District Name: SpringfieldLong: W 78 33 57

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

Map # 13 Parcel # 197Name of Owner: Nick YokopovichInstaller: Nick Yokopovich (Homeowner)Owner Address: 2840 Fairmont Rd, WV 26501Property Location: French's Neck East SDSubdivision: French's Neck East SDLot number: Lot 25Type of Facility: ResidenceFacility is: New ☒ Existing ☐Lot Size (ft²/acres): 2.14 acresDesign Loading: Bedrooms: 2 or GPD: _____ Water Supply: Existing: ☒ Proposed ☐ Type: wellSystem requires a perpetual maintenance program as per 64CSR9.7.2: Yes ☐ No ☒

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	<u>1000</u>			Distance to dwelling:	<u>NA</u>		
Constructed of:	<u>Plastic</u>			Distance to water	Line: _____ Source: <u>>100'</u>		
Manufacturer:	<u>Infiltrator</u>			Distance to property line:	<u>>80'</u>		
4" inspection port or riser to surface:	<u>riser</u>			Effluent filter?	<u>no</u>		

ABSORPTION FIELD

Class I
System:Chamber: ☒Eljen ☐Gravelless Pipe: ☐Gravel Media Trenches ☐

Other: _____

Manufacturer: InfiltratorSquare footage: Permitted 600 ft² Installed 600 ft²Number of lines: 2Trench width: 36 inchesLengths of lines: 60' 60' _____, _____, _____, _____, _____, _____, _____Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☒ No ☐ Outlets level? Yes ☒ No ☐If chambers, length of each section: 4' Gravelless pipe diameter: _____

If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____

Distance of absorption field to: Dwelling: NA, Water Supply: >120', Water Line: _____, Property Line: >20'Average Depth: 24" Maximum depth: 26"

Class II System:

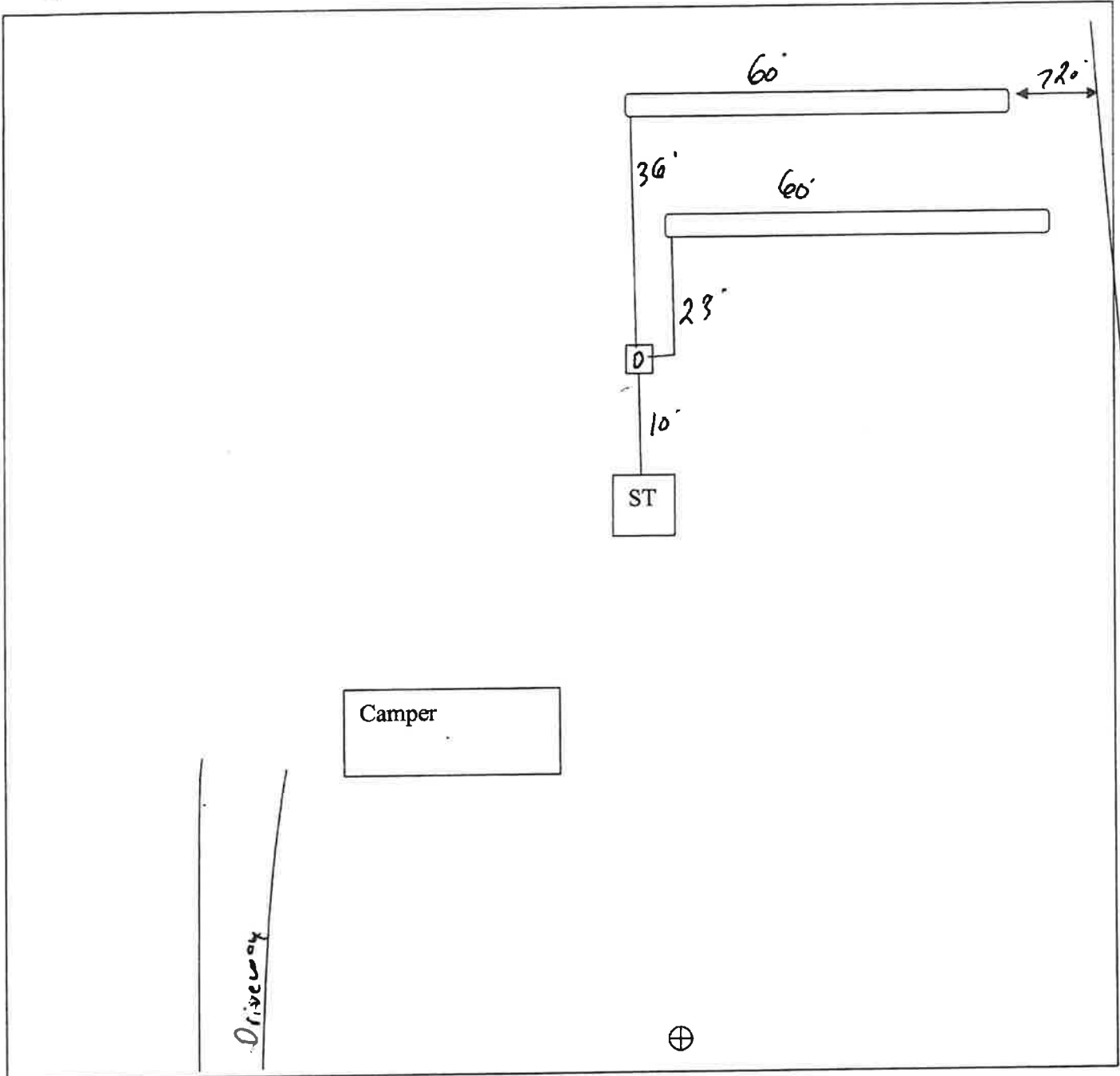
Design type: _____

Remarks: _____

System is installed as per the permitted design and layout. Yes ☒ No ☐
Include sketch of installation on reverse.

**Sketch of Installation with Triangulation or Distance to Specific Landmarks.
Include reserve area boundaries.**

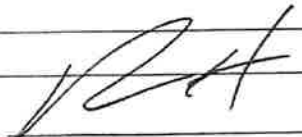
LEGEND:



System is: **Approved** ☒ System is NOT Approved: ☐

COMMENTS:

Date of Final 7/2/2024


Sanitarian

10/24/2024
Date Final Issued