

Rev 2/11  ST/CO USE ONLY DATE RECEIVED  MM DD YY ____ ____ ____	DATE THE WELL WAS COMPLETED MM DD YY <u>2 12 20</u>  PERMIT NO. DW- <u>16-20-002</u>	West Virginia Department of Health and Human Resources <b>BUREAU FOR PUBLIC HEALTH</b>  <b>WATER WELL COMPLETION REPORT</b>	<b>FORM SW-258</b>  THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE										
<b>LOCATION OF WELL</b> Well Owner: Last Name <u>Schuebel</u> First Name <u>KORNEEL</u> Street/Road <u>LOBLOLLY CANE</u> County <u>HARDY</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 _____		<b>AREA NAME/LOCATION:</b>  <u>ASHTON WOODS</u> <u>LOT 73</u>	<b>TYPE OF WELL:</b> <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 _____										
<b>WELL LOG</b>		<b>DRILLING METHOD</b> <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>159</u> (ft)	<b>GROUTING RECORD</b> Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PUMPED</u>										
Depth <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">From (ft.)</th> <th style="width:50%;">To (ft.)</th> </tr> <tr> <td>0</td> <td>1</td> </tr> <tr> <td>1</td> <td>38</td> </tr> <tr> <td>38</td> <td>159</td> </tr> <tr> <td>68</td> <td></td> </tr> </table>	From (ft.)	To (ft.)	0	1	1	38	38	159	68		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).  <u>dirt + shale</u> <u>Brown shale</u> <u>Layers of Blue + Gray shale</u>  <u>Water - 14 GPM</u>		<b>CASINGS RECORD</b> <b>MAIN CASING TYPE</b> <u>DRIVE SHOE</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>61</u> (ft) <b>Other Casing or Liner Used</b> Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)
From (ft.)	To (ft.)												
0	1												
1	38												
38	159												
68													
If additional space is needed, use additional sheets and attach w/permit # at top.		<b>SCREEN RECORD</b> <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)	<b>ESTIMATED WELL YIELD</b> Estimated at <u>14</u> G.P.M. Static Water Level <u>65</u> (ft) *Pumping level below land surface <u>137</u> (ft) after <u>1/2</u> hrs. at <u>14</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.										
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.		<b>GRAVEL PACK RECORD</b> Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	<b>WELL HEAD COMPLETION</b> Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: <u>Hafvord</u>										
Company Name <u>BW SMITH WELL DRILLING WV</u> Contractor No. <u>038903</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>		<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____  <b>COMMENTS BY INSTALLER:</b>											
<b>SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)</b>  Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____													



Lat: N: \_\_\_\_\_

HARPY COUNTY Department of Health

Tax Map Name: \_\_\_\_\_

Long: W \_\_\_\_\_

**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Name of Owner: KORNEL Schuebel Installer: WALTER FIELDS

Owner Address: 26 N. Symington Ave, Baltimore Md 21228

Property Location: Lot 73 Ashton Woods

Subdivision: ASHTON Woods Lot number: 73

Type of Facility: New Home Facility is: New ☒ Existing ☐ Lot Size (ft<sup>2</sup>/acres): 20.36

Design Loading: Bedrooms: 3 or GPD: \_\_\_\_\_ Water Supply: Existing ☐ Proposed ☒ Type: Well

System 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>HOME NOT ON LOCATION AT TIME OF SEPTIC INSTALL</u>		
Constructed of:	<u>CONCRETE</u>			Distance to water	Line:		
					Source:		
Manufacturer:	<u>Pyle's</u>			Distance to property line:			
4" inspection port, or riser to surface?	Riser <input checked="" type="checkbox"/> Port <input type="checkbox"/>	Riser <input type="checkbox"/> Port <input type="checkbox"/>	Riser <input type="checkbox"/>	Effluent filter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**ABSORPTION FIELD**

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

Manufacturer: BIO Square footage: Permitted 1200 ft<sup>2</sup> Installed 1200 ft<sup>2</sup>

Number of lines: 3 Trench width: 18-36 inches

Lengths of lines: 80, 80, 80, , , , , , , ,

Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☒ No ☐ Outlets level? Yes ☒ No ☐

If chambers, length of each section: 5 Gravelless pipe diameter: \_\_\_\_\_

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

Distance of absorption field to: Dwelling: 32' TANK, Water Supply: 100', Water Line: \_\_\_\_\_, Property Line: 100'

Drainfield laterals installed on-contour: Yes ☒ No ☐ Average Depth: 24" Maximum depth: 36"

Class II System: Design type: \_\_\_\_\_














Remarks: \_\_\_\_\_

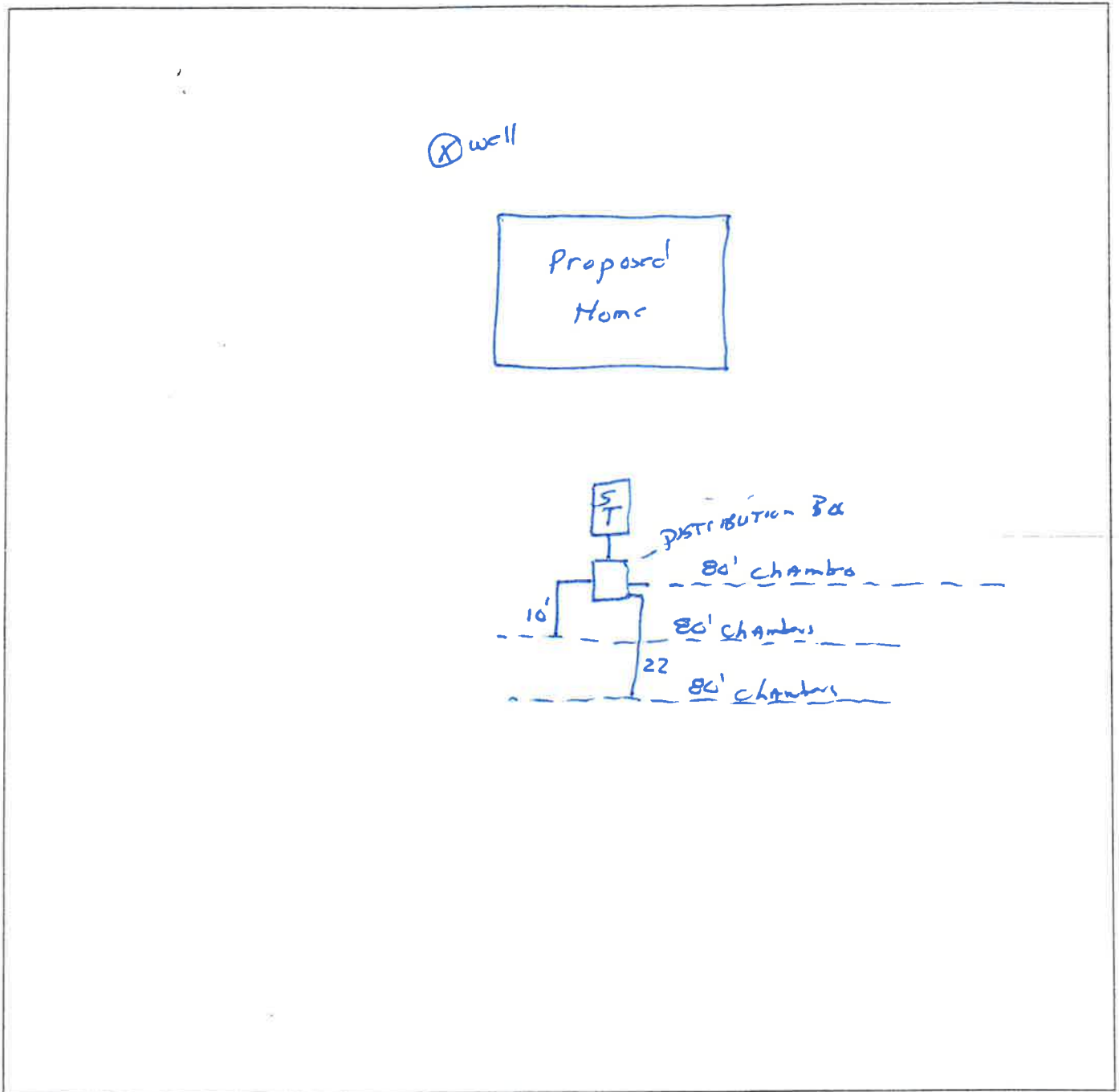
System is installed as per the permitted design and layout. Yes ☒ No ☐

Include sketch of installation on reverse.

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

**LEGEND:**

	House/Facility		Property Line		Fence North		Pump Tank
	Soil Absorption Line		Single Wide Manufactured Home		Stream Flow		Septic Tank
	Existing Water Supply		Distribution Box		Wooded Area Boundary		
	Proposed Water Supply		Drain Field Inspection Port				



System is:    Approved ☒    System is NOT Approved: ☐

COMMENTS: \_\_\_\_\_

Dates visited: \_\_\_\_\_

Sanitarian

Date Final Inspection

*Wid*

7-8-2020