WV Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW25

WELL COMPLETION REPORT

Date(s) 7-11-07 County HAMPSHIRE Permit #: DW-14-07-247

Town: SPRINGFIELD Area Name/Location SHADOW KNOLLS LOT 27

Well Owner: GROVER LOY Address: 241 McFARLAND RD.

Telephone Number: 540-877-9758 WINCHESTER, VA 22602

Well Driller: B.W. SMITH WELL DRILLING INC Address: P.O. BOX 440

Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-55	BROWN SHALE
55-110	HARD, GRAY SHALE
111	TRACE OF WATER
112-189	HARD GRAY SANDROCK
	W/LAYERS GRAVARED
	SHALE
190	WATER (10 G.P.M.)
191-280	HARD GRAY + RED
	SHALE

REMARKS: DRIVE SHOE

Type of Well: DOMESTIC Drilling Method: AIR D.T.H.

Well Diameter: 6" Casing O.D.: 6 5/8"

Well Depth: 280' Date Completed: 7-11-07

CASING: Length 80 Feet Height above ground 1 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☑ None Installed

Type _____ Diameter _____

Slot/Gauge _____ Length _____

Set Between _____ Ft. and _____ Ft

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	110		
Pumping Rate (GPM)	10		
Pumping Level (Ft. Below Grade)	280		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. _____

Well Seal: Type, Make, Etc. _____

Well Platform:

Length _____ Width _____ Thickness _____

Grouting: ☑ Yes ☐ No
All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

B. MARK SMITH 001
Name Certification No.

B.W. SMITH WELL DRILLING INC
Registered Business Name

Signed _____ 7-11-07
Date