

Rev 3/08	DATE THE WELL WAS COMPLETED MM DD YY <u>03 27 2009</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258
ST/CO:USE ONLY DATE RECEIVED	PERMIT NO. DW- <u>14-09-020</u>		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
MM DD YY			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELLWell Owner: Last Name MarreroFirst Name MADELYN

Street/Road

County Hampshire

Zip Code

Latitude: _____ Deg _____ Min _____ Sec
 Longitude: _____ Deg _____ Min _____ Sec
 Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:Level View Lot 23**TYPE OF WELL:**

☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other

WELL LOG

Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
From (ft.)	To (ft.)	
0	10	Red Sandstone
10	53	Brown + Red shale
53	81	Red + Gray Sandstone
81	83	Fractured Area ^{Brown} Olive Sandstone
83	196	Red + Gray Sandstone
196	197	WATER 5 GPM Fractured Area
197	214	Gray Sandstone
214	215	WATER 2 GPM
215	241	Gray Sandstone
241	242	WATER 10 GPM
242	300"	Layers of Red shale + Gray Sandstone

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 _____ (ft)

CASINGS RECORD

MAIN CASING TYPE DRIVE
☒ Steel ☐ Plastic SITE
☐ Other

Casing Diameter 6 5/8 (in)Wall Thickness .188 (in)Casing Length 80 (ft)**Other Casing or Liner Used**

Type ☐ Steel ☒ Plastic
☐ Other

Casing/Liner Diameter 4 (in)Length 300 (ft) from 0 (ft) to 300 (ft)**SCREEN RECORD**☐ Not Installed ☒ InstalledMaterial: ☐ Bronze ☒ PlasticDiameter of screen 4 (in)Slot size .02Length 35 (ft) from 265 (ft) to 300 (ft)**GRAVEL PACK RECORD**Gravel Pack: ☐ Yes ☒ No

From _____ (ft) to _____ (ft)

GROUTING RECORD

Grouting Material:

☐ Cement ☒ Bentonite Clay
 Other _____

No. of Bags: 4

Installation Method:

PRESSURE**PUMP INSTALLED**By Driller ☐ Yes ☐ No**ESTIMATED WELL YIELD**Estimated at 17 G.P.MStatic Water Level 90 (ft)

*Pumping level below land surface

298 (ft) after 1 hrs. at17 G.P.M. (Estimated)

*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETIONCasing height above grade 1 (ft)

Type Of Well Cap

Installed: _____

VARIANCE ISSUED ☐ Yes ☐ No

Request Number _____

COMMENTS BY INSTALLER:

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 B.W. SMITH WELL DRILLING INC. WV Contractor No. 038905
 Business Registration No. 1005-5395 Master Well Driller Certification No. 374
 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) _____

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-09-52**

Name of Owner: Madelyn Marrero Installer: Gary Carpenter
Address: 105-21 66 Ave. Apt. 6D, Forest Hills, NY 11375
Property Location: Levels View Lot 23 Lot Size: 8.85 AC Acres
Type of Facility: Residence Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Proposed Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: _____
Pump Chamber gal
Distances (in feet) of Tank to: Dwelling 48
Private ☐ Public ☐ Water Source: _____ Property Line: > 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter In.
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: 3 Length (in feet) of Each: 80'
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-30 inches
If Bed, Dimensions (in feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (X) No () Size Equates to 1200 sq ft of SGF
Distance (in feet) of System to: Dwelling 70'
Private () Public () Water Source: _____ Property Line: 80'
Remarks: Well not drilled at time of inspection
GPS: N39 29 8.8 W78 32 25.3

An inspection indicates that
The sewage disposal system
Described above
DOES MEET X

DOES NOT MEET ☐ or

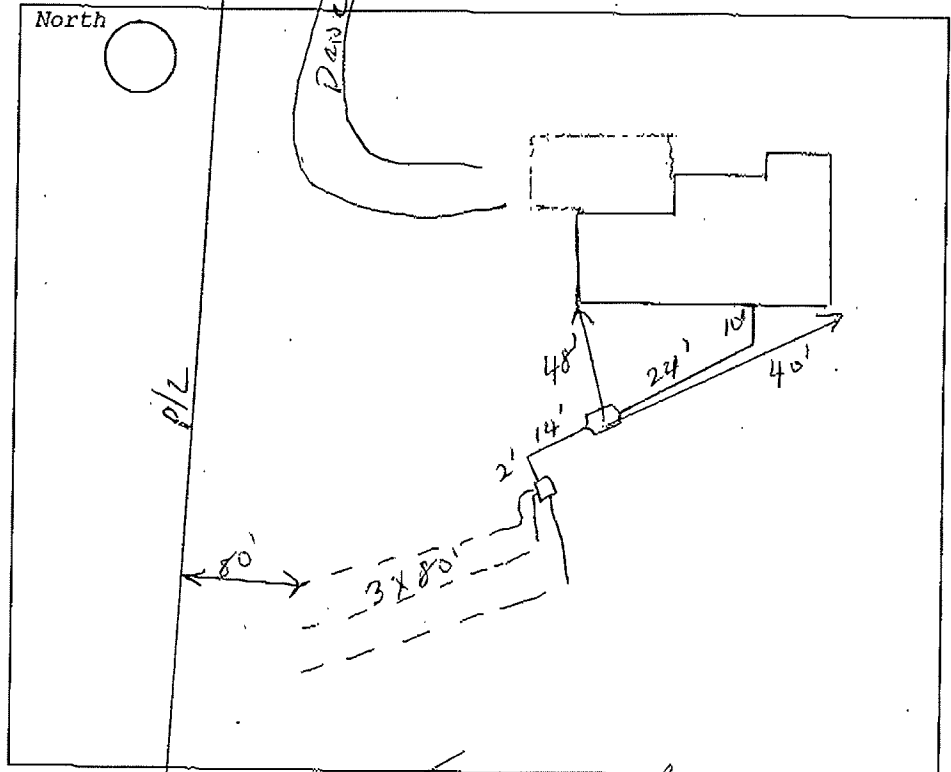
CANNOT BE DETERMINED TO

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.

Visit Date(s): _____



FINAL INSPECTION DATE: 11/20/2008

SANITARIAN: [Signature]