

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY 12 20 16 PERMIT NO. DW-14-17-041	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 STARK/ BOWMAN Street/Road SPRING GAP ROAD		First Name THOMAS/AMBER County HAMPSHIRE Zip Code 25444																																										
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 : RED STONE LOT 10																																										
WELL LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Depth</th> <th rowspan="2">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> <tr> <th>From (ft.)</th> <th>To (ft.)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>41</td> <td>SOFT RED SANDSTONE</td> </tr> <tr> <td>41</td> <td>82</td> <td>GRAY SANDSTONE</td> </tr> <tr> <td>82</td> <td>133</td> <td>RED SANDSTONE 1 GPM</td> </tr> <tr> <td>133</td> <td>170</td> <td>GRAY SANDSTONE</td> </tr> <tr> <td>170</td> <td>214</td> <td>RED SANDSTONE 20 GPM</td> </tr> <tr> <td>214</td> <td>217</td> <td>LOOSE GRAVEL 80 GPM</td> </tr> <tr> <td>217</td> <td>220</td> <td>RED SANDSTONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	From (ft.)	To (ft.)	0	41	SOFT RED SANDSTONE	41	82	GRAY SANDSTONE	82	133	RED SANDSTONE 1 GPM	133	170	GRAY SANDSTONE	170	214	RED SANDSTONE 20 GPM	214	217	LOOSE GRAVEL 80 GPM	217	220	RED SANDSTONE																DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other Hole Diameter 6 _____ (in) Total depth 220 _____ (ft) CASINGS RECORD MAIN CASING TYPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter 7 _____ (in) Wall Thickness SDR-21 _____ (in) Casing Length 60 _____ (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) SCREEN RECORD <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) GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	
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If additional space is needed, use additional sheets and attach w/permit # at top.		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 _____																																										
GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: 4 _____ Installation Method: PUMPED		PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																										
ESTIMATED WELL YIELD Estimated at 100 _____ G.P.M Static Water Level 26 _____ (ft) *Pumping level below land surface _____ (ft) after _____ hrs. at _____ G.P.M. (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: ROYER BUG PROOF																																										
VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____		COMMENTS BY INSTALLER: DO NOT SET PUMP BELOW 214 FT																																										
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 MILLER ENTERPRISES LLC WV Contractor No. 044126 Business Registration No 2000-7918 Master Well Driller Certification No. 255 Master Well Driller (print) JEFFREY G MILLER Master Well Driller Signature _____																																												
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) _____																																												