

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

SW258

WELL COMPLETION REPORT

Date(s) 12-18-07 County HAMPSHIRE Permit # DW-14-08-089
Town: SPRINGFIELD Area Name/Location BLUFFS ON THE POTOMAC LOT 137
Well Owner: ANDREW S. WALTER Address: 115 RIVER BREEZE PLACE
Telephone Number: 410-241-7454 ARNOLD, MD 21012
Well Driller: B.N. 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	REMARKS:
0-65	BROWN SHALE	420 OF 4" PVC CERTA-LOK BOTTOM
66-234	Gray SHALE	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.H.</u>
235	Fragmented, Water Bearing	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
236-264	Gray SHALE	Well Depth: <u>420</u> Date Completed: <u>12-18-07</u>
265	Fractured Water Bearing	CASING: Length <u>80</u> Feet Right above ground <u>1</u> Feet
266-420	Gray SHALE	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input type="checkbox"/> None Installed
		Type <u>PVC</u> Diameter <u>4"</u>
		Slot/Gauge <u>.020</u> Length <u>35'</u>
		Set Between <u>385</u> Ft. and <u>420</u> Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>200</u>		
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft. Below Grade)	<u>420</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

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
Name B.N. SMITH WELL DRILLING INC. Certification No. 001
Registered Business Name 2-1-12-18-07
Signature _____ Date _____

Rev 3/08

ST/CO USE ONLY
DATE RECEIVEDMM DD YY
____DATE THE WELL
WAS COMPLETED

MM DD YY

11 13 2008

PERMIT NO.

DW- 14-09-041STATE OF
WEST VIRGINIA
WATER WELL
COMPLETION
REPORT

FORM SW-258

THIS REPORT MUST BE
SUBMITTED WITHIN 30 DAYS
AFTER WELL IS COMPLETEDFILL IN THIS FORM
COMPLETELY
PLEASE PRINT OR TYPE

LOCATION OF WELL

Well Owner: Last Name WalterFirst Name ANDREW J.Street/Road GRACES CABIN RD.County Hampshire

Zip Code _____

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

AREA NAME/LOCATION:

Bluffs on the Potomac
Lot # 137

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	2	Clay + shale
2	52	Brown shale
52	90	Gray + Brown shale
90	332	Gray shale + Dark Gray shale
332	333	WATER 8 GPM
333	540'	Gray shale

Between 100' +
200'
TrickleIf 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 540 (ft)

CASINGS RECORD

MAIN CASING TYPE

☒ Steel ☐ Plastic
☐ Other _____Casing Diameter 6 5/8 (in)Wall Thickness .188 (in)Casing Length 100' (ft)

Other Casing or Liner Used

Type ☐ Steel ☐ Plastic
☐ Other _____

Casing/Liner Diameter _____ (in)

Length _____ (ft) from _____ (ft)
to _____ (ft)

SCREEN RECORD

☒ Not Installed ☐ InstalledMaterial: ☐ Bronze ☐ Plastic

Diameter of screen _____ (in)

Slot size _____

Length _____ (ft) from _____ (ft)
to _____ (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 8 G.P.MStatic Water Level 250 (ft)

*Pumping level below land surface

538 (ft) after 1 hrs. at8 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: _____

VARIANCE ISSUED ☐ Yes ☐ No

Request Number _____

COMMENTS BY INSTALLER:

WATER Cleaned up
GoodI 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. 038905Business Registration No. 1005-5395 Master Well Driller Certification No. 574Master Well Driller (print) Chris WolfordMaster Well Driller Signature Chris WolfordSITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR
SITWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. _____

Journeyman Well Driller (please print) _____

Apprentice and Name (s) _____

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY		DATE THE WELL WAS COMPLETED MM DD YY <u>11 19 2008</u> PERMIT NO. DW- <u>14-09-043</u>		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 <u>Walter</u> First Name <u>ANDREW J.</u> Street/Road <u>GRACES CABIN RD.</u> County <u>Hampshire</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			AREA NAME/LOCATION: <u>Bluffs on the Potomac</u> <u>Lot #137</u>		TYPE OF WELL: <input 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other		
WELL LOG			DRILLING METHOD		GROUTING RECORD		
Depth From (ft.) To (ft.)		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other		Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3</u> Installation Method: <u>PRESSURE</u>	
0 40 40 600'		Brown shale Gray shale Around 240' 3 1/2 GPM		Hole Diameter <u>6"</u> (in) Total depth <u>600'</u> (ft) CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing Diameter <u>6 1/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>80'</u> (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)		GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3</u> Installation Method: <u>PRESSURE</u>	
				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)		PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>3 1/2</u> G.P.M. Static Water Level <u>200</u> (ft) *Pumping level below land surface <u>548</u> (ft) after <u>1</u> hrs. at <u>3 1/2</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.	
				GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)		WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: _____	
				VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____		COMMENTS BY INSTALLER: <u>WATER cleaned up</u> <u>Good</u> <u>210 Gallons/Hour</u>	
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 <u>D.W. SMITH WELL DRILLING INC. WV</u> Contractor No. <u>038905</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>							
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) _____							