Rec 3-13-13

Rev 2/11

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
___ ___ ___

DATE THE WELL WAS COMPLETED
MM DD YY
2 20 13

PERMIT NO.
DW- 14-13-025

West Virginia Department of Health and Human Resources
BUREAU FOR PUBLIC HEALTH

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 Viden First Name BOB & GAIL
Street/Road KUMP RD. County HAMPSHIRE Zip Code

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

AREA NAME/LOCATION:
KUMP RD.
HIGHVIEW, WV

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other

WELL LOG

From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	2	Dark Brown dirt
2	12	Red Shale
12	59	Layers of Red + Brown Sandstone
59	300'	Layers of Gray + Red Sandstone + Red Shale
117'		Water- 16 GPM slightly Fractured Area

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 300 (ft)

CASINGS RECORD
MAIN CASING TYPE DRIVE SHOE
☒ Steel ☐ Plastic
☐ 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 ___ (in)
Length ___ (ft) from ___ (ft)
to ___ (ft)

SCREEN RECORD
☒ Not Installed ☐ Installed
Material: ☐ 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:
PUMPED

PUMP INSTALLED
By Driller ☐ Yes ☐ No

ESTIMATED WELL YIELD
Estimated at 16 G.P.M
Static Water Level 100 (ft)
*Pumping level below land surface
298 (ft) after 1 hrs. at
16 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:

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 WV Contractor No. 038905
Business Registration No. 1005-5395 Master Well Driller Certification No. 574
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) ___, ___

COPIES - **County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)**

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

Permit # ST-14-13-33

Name of Owner: Bob & Gail Viden Installer: ED Shoemaker -DAN
Address: 316 N Delsea Dr., Glassboro,NJ 8027
Property Location: Kump Rd. Highview Lot Size: 100 acres Acres
Type of Facility: residence Facility is: x New ☐ Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: well

SEWAGE TANK COMPONENT

Capacity in Gallons: *1000* Material:precast concrete
Distances (in feet) of Tank to: Dwelling *24'*
Private x Public ☐ Water Source: *>100'* Property Line: *>100'*

ON-SITE DISPOSAL SYSTEM

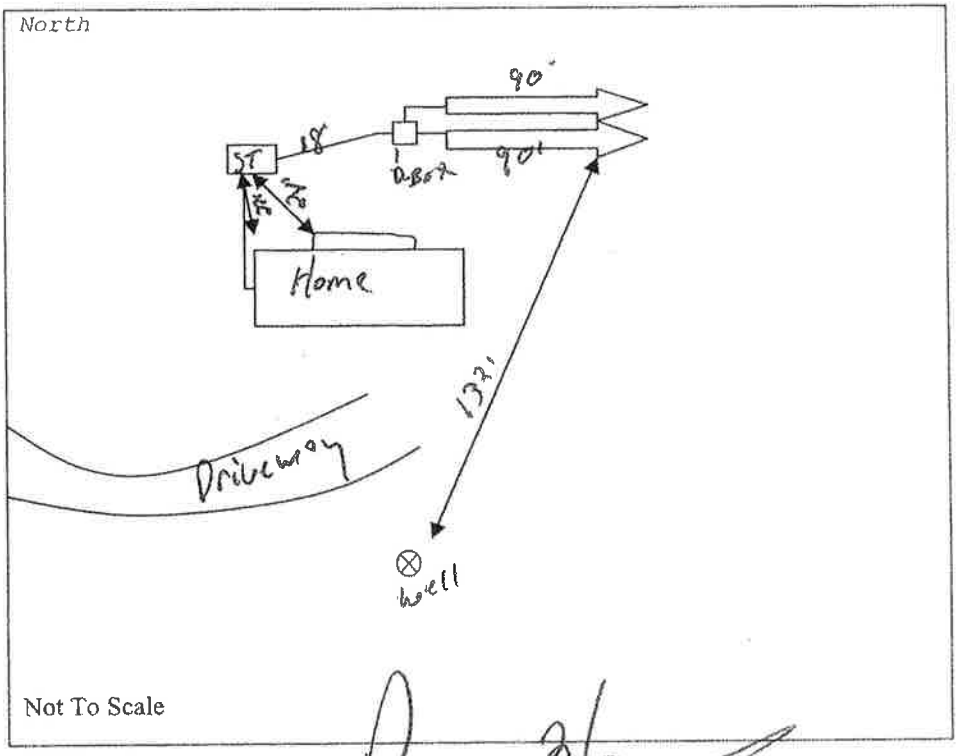
Class I Systems: Standard Soil Trenches( )or Bed( ) Gravelless Pipe( ), Diameter __ In.
Chamber Soil Absorption Trenches **(x)** or Bed( )
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )
Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

No. of Lines: *2* Length (in feet): *90's*
Width of Trenches: *36* inches/feet Depth to Bottom of Field: *24* inches
Size Equates to *900* sq ft of SGF
Distance (in feet) of System to: Dwelling *60'*
Private (x) Public ( )Water Source: *132'* Property Line: *>100'*
Remarks: _____
GPS: N39 16 31.6 w78 55 02.6

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): 3/26/2013

FINAL INSPECTION DATE: 3/26/2013 **SANITARIAN:**