

rec'd 1-13-95
Jacobson

SW258

WV STATE DEPARTMENT OF HEALTH
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

Date(s) 1/10/95 County Hampshire Permit #: DW-14-1-95-136
 Town: _____ Area Name/Location Heide Cooper Rd.
 Well Owner: Paul Parent Address: P.O. Box 377
 Telephone Number: N/A Romney WV. 26757-0377
 Well Driller: B. Mark Smith Address: Hc 86 Box 2-A
 Telephone Number: 822-4786 Springfield WV. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
205-385	hard gray shale	well was 205' - we deepened it to 385
		Type of Well: <u>home</u> Drilling Method: <u>Air-Hammer</u>
		Well Diameter: <u>6 1/16"</u> Casing O.D.: <u>6 5/8"</u>
		Well Depth: _____ Date Completed: <u>1/10/95</u>
		CASING: Length <u>42</u> Feet Height above ground _____ Feet
		<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	45 gph.	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	85		
Pumping Rate (GPM)	94		
Pumping Level (Ft Below Grade)	385		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	24		

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.

001

Certification No.

1/10/95

Date

B. Mark Smith
 B.W. Smith Well Drilling
 Registered Business Name
 Benjamin Mark Smith
 Signed

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>3 24 15</u> PERMIT NO. DW- <u>14-15-056</u>	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 <u>Parent</u> First Name <u>PAUL</u> Street/Road <u>HEIDI COOPER</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>HEIDI COOPER RD.</u> <u>SHANKS, WV</u>									
WELL LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Depth</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> <th style="width: 80%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr> <td></td> <td>390'</td> <td>500'</td> <td>Gray shale Did not encounter more water Gained more Reservoir</td> </tr> </tbody> </table>		Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		390'	500'	Gray shale Did not encounter more water Gained more Reservoir	DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other Hole Diameter <u>6</u> (in) Total depth <u>500</u> (ft) CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6 3/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>42</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) 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)	
Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).								
	390'	500'	Gray shale Did not encounter more water Gained more Reservoir								
GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input type="checkbox"/> Bentonite Clay Other _____ No. of Bags: _____ Installation Method: _____		PUMP INSTALLED By Driller <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>3/4</u> G.P.M. Static Water Level <u>120</u> (ft) *Pumping level below land surface <u>498</u> (ft) after <u>12</u> hrs. at <u>3/4</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.									
If additional space is needed, use additional sheets and attach w/permit # at top.		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 _____									
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>B.W. SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1005-5325</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) _____											
COMMENTS BY INSTALLER: <u>Drill Deeper</u> <u>started at 390'</u> <u>drilled to 500'</u> <u>40 Gallons per Hour</u>											