

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____	DATE THE WELL WAS COMPLETED MM DD YY <u>7 25 16</u> PERMIT NO. DW- <u>16-16-020</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
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LOCATION OF WELL
 Well Owner: Last Name Barger First Name Leon + Peggy
 Street/Road River Rd. County Hardy 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>Ashton Woods Sub.</u>	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 _____
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WELL LOG		DRILLING METHOD	GROUTING RECORD
Depth	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>2</u> Installation Method: <u>PUMPED</u>

From (ft.)	To (ft.)	Formation	Casing/Liner	Other
0	2	dirt + clay		
2	14	Brown shale		
14	34	Dark Gray shale		
34	180'	Blue sandstone / Gray shale		
125	138'	Fractured Zone Rock Fragments		
46'		Water - 1 GPM		
70'		Water - 1 GPM		
130'		Water - 38 GPM		
176'		Water - 5 GPM		

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. 038965
 Business Registration No. _____ 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) _____

PUMP INSTALLED
 By Driller Yes No

ESTIMATED WELL YIELD
 Estimated at 45 G.P.M.
 Static Water Level 0 (ft)
 *Pumping level below land surface
176 (ft) after 1/2 hrs. at
45 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: Harvard

VARIANCE ISSUED Yes No
 Request Number _____

COMMENTS BY INSTALLER:
SET PUMP AT 140'

NO Torque Arrestor
NO Cable Guards
NO Rope

Flowing Artesian
5-8 GPM out
TOP



Lat: N: 39 10 576

Hardy County Department of Health

Tax Map Name: _____

Long: W 078 50 774

**ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT**

Map # _____ Parcel # _____

Name of Owner: Leon & Peggy Barger Installer: Gary's Excavating

Owner Address: 181 Lockinger Road, Moorefield WV 26836

Property Location: Lot 181 Ashton Woods, McNeil WV

Subdivision: Ashton Woods Lot number: 181

Type of Facility: New Home Facility is: New Existing Lot Size (ft²/acres): 20.37

Design Loading: Bedrooms: 2 or GPD: _____ Water Supply: Existing: Proposed Type: Drilled Well

System requires a perpetual maintenance program as per 64CSR9.7.2: Yes No

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	1000			Distance to dwelling:			
Constructed of:	Concrete			Distance to water	Line: 50+		
					Source: 50+		
Manufacturer:	Jolin			Distance to property line:	50+		
4" inspection port, or riser to surface?	Riser <input checked="" type="checkbox"/>	Riser <input type="checkbox"/>	Riser <input type="checkbox"/>	Effluent filter?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Port <input type="checkbox"/>	Port <input type="checkbox"/>			No <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

ABSORPTION FIELD

Class I System: Chamber: Eljen Gravelless Pipe: Gravel Media Trenches Other: _____

Manufacturer: Infiltrator Square footage: Permitted 800 ft² Installed 800 ft²

Number of lines: 2 Trench width: 24-36 inches

Lengths of lines: 80' 80' _____, _____, _____, _____, _____, _____, _____, _____

Inspection ports installed? Yes No Distribution box used? Yes No Outlets level? Yes No

If chambers, length of each section: 4 Gravelless pipe diameter: _____

If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____

Distance of absorption field to: Dwelling: _____, Water Supply: 100+, Water Line: _____, Property Line: 100+

Drainfield laterals installed on-contour: Yes No Average Depth: 24 Maximum depth: 36















Class II System: Design type: Class I

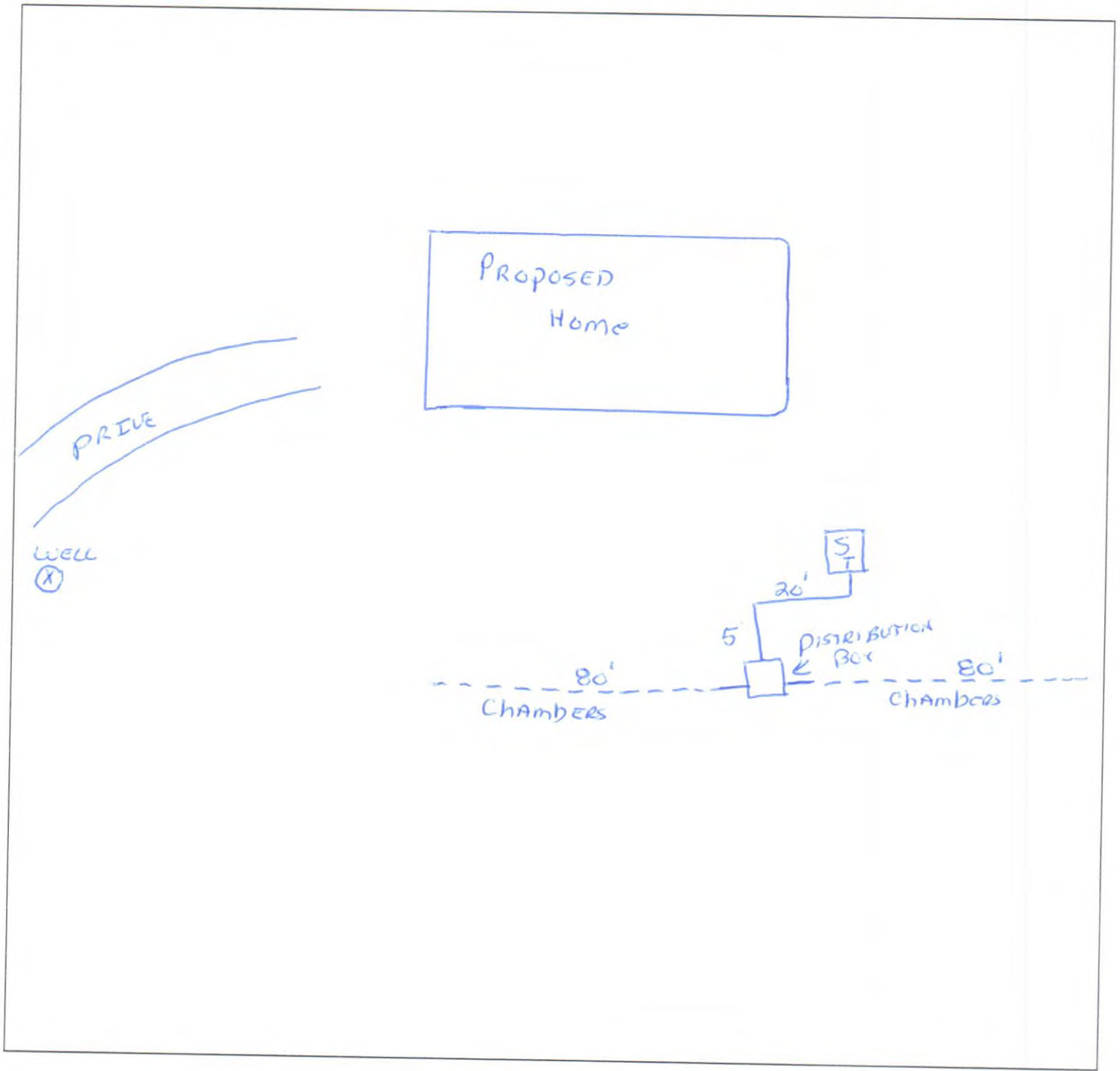
Remarks: Home was not on location at the time of drain field installation, that is why distances to the home were left blank

System is installed as per the permitted design and layout. Yes No
Include sketch of installation on reverse.

**Sketch of Installation with Triangulation or Distance to Specific Landmarks.
Include reserve area boundaries.**

LEGEND:

- | | | | |
|---|---|--|---|
|  House/Facility |  Property Line |  Fence |  Pump Tank |
|  Soil Absorption Line |  Single Wide Manufactured Home |  North |  Septic Tank |
|  Existing Water Supply |  Distribution Box |  Stream Flow | |
|  Proposed Water Supply |  Drain Field Inspection Port |  Wooded Area Boundary | |



System is: Approved System is NOT Approved:

COMMENTS:

Dates visited: _____

William Ours, *W.O.*
Sanitarian

5-15-2016
Date Final Inspection