

RECEIVED
10-15-21

Rev 2/11
ST/CO USE ONLY
DATE RECEIVED
MM DD YY

DATE THE WELL WAS COMPLETED
MM DD YY
10 8 21
PERMIT NO.
DW-14-22-023

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 Crack First Name ROONEY + KATHY
Street/Road JERSEY MT. RD County HAMPSHIRE Zip Code

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

AREA NAME/LOCATION:
9158 JERSEY MT. RD
POINTS

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

WELL LOG
Depth From (ft.) To (ft.) State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).

DRILLING METHOD
 Cable Tool Rotary
 Rotary Hammer Other
Hole Diameter 6 (in)
Total depth 300 (ft)

GROUTING RECORD
Grouting Material:
 Cement Bentonite Clay
Other _____
No. of Bags: 4
Installation Method:
PUMPED

From (ft.)	To (ft.)	Formation
0	2	dirt + SOIL
2	3	dirt
3	39	Red shale / soft Red + Brown sandstone
39	60	Blue sandstone
60	67	Brown + Blue sandstone
67	300'	Layers of Blue + Red sandstone + shale
	125'	water - 5 GPM
	242'	water - 2 GPM
	276'	water - 8 GPM

If additional space is needed, use additional sheets and attach w/permit # at top.

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)

PUMP INSTALLED
By Driller Yes No

ESTIMATED WELL YIELD
Estimated at 15 G.P.M
Static Water Level 50 (ft)
*Pumping level below land surface
298 (ft) after 1/2 hrs. at
15 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 ABOVE
276'

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 BW 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) _____