

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>07 26 2010</u> PERMIT NO. DW-14-10-091	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 JAMES + WILUAMS First Name PAUL + LAURA
 Street/Road DEER PATH County HAMPSHIRE 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>Cabin at Capin Bridge</u> <u>Lot D-15</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																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <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>0</td> <td>51</td> <td>Brown + white Sandstone</td> </tr> <tr> <td>51</td> <td>130</td> <td>Soft Brown shale + Clay</td> </tr> <tr> <td>130</td> <td>140</td> <td>soft Gray shale + clay</td> </tr> <tr> <td>140</td> <td>200'</td> <td>Gray shale</td> </tr> <tr> <td>160'</td> <td>161'</td> <td>water - 1 GPM</td> </tr> <tr> <td>185</td> <td>195'</td> <td>SOFT, Fractured Area Water Zone Rock Fragments falling IN 14 GPM</td> </tr> </tbody> </table>	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	0	51	Brown + white Sandstone	51	130	Soft Brown shale + Clay	130	140	soft Gray shale + clay	140	200'	Gray shale	160'	161'	water - 1 GPM	185	195'	SOFT, Fractured Area Water Zone Rock Fragments falling IN 14 GPM	<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>200</u> (ft) CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE SHOE</u> <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>158</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>7</u> Installation Method: <u>PRESSURE</u>
From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).																					
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PUMP INSTALLED
 By Driller Yes No

ESTIMATED WELL YIELD
 Estimated at 15 G.P.M
 Static Water Level 110 (ft)
 *Pumping level below land surface
198 (ft) after 1 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: _____

VARIANCE ISSUED Yes No
 Request Number _____

COMMENTS BY INSTALLER:
CUT PUMP PIPE
at 170'

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) _____

Water cleaned up Good

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

015

Permit # ST-14-08-156A

Name of Owner: Paul James & Laura Williams Installer: Gary Carpenter
 Address: 8140 Neck Rd, Williamsport, Md 21795
 Property Location: Cabin at Capon Bridge Lot 15 Lot Size: 2.079AC Acres
 Type of Facility: Residence Facility is: New Existing
 Design Loading in gpd/# Bedrooms: 3 Source of Water: well to be

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Pump Chamber / 1000 gal
 Distances (in feet) of Tank to: Dwelling _____
 Private Public Water Source: _____ Property Line: lot

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter ___ In.
 Chamber Soil Absorption Trenches () 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: 6 Length (in feet) of Each: 20, 20, 20, 20, 20, 20, _____
 Width of Trenches: 18 inches/feet Depth to Bottom of Field: 12 inches
 If Bed, Dimensions (in feet): _____ Size Equates to 2100 sq ft of SGF
 Distance (in feet) of System to: Dwelling _____ Private () Public ()
 Water Source: _____ Property Line: lot

Remarks: _____

GPS: N39 19 08.5 W79 30 11.7

An inspection indicates that
 The sewage disposal system
 Described above

DOES MEET

DOES NOT MEET or

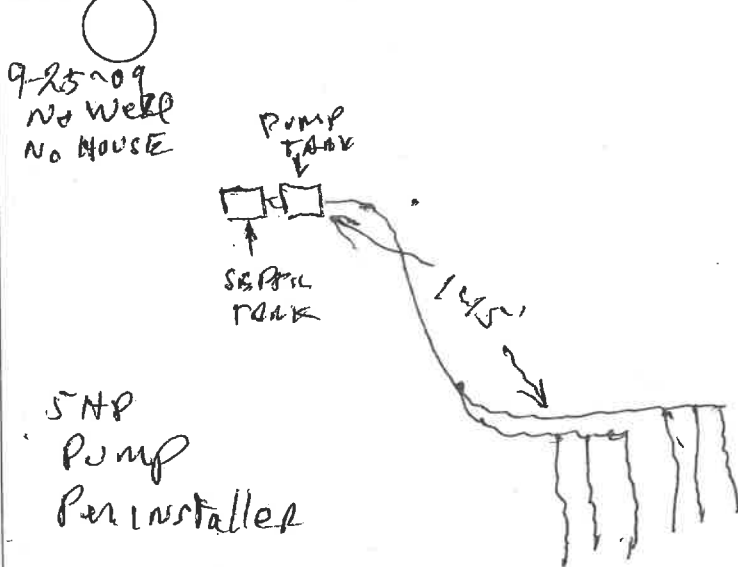
CANNOT BE DETERMINED TO

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.

North



Not To Scale

Visit Date(s): 3-12-2008

FINAL INSPECTION DATE:

9-25-09

SANITARIAN:

[Signature]