

WV Department of Health and Human Resources
Bureau of Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258
10/01

WELL COMPLETION REPORT

Date(s) 12-2-05 County HARDY Permit # DW 1605073
Town: BAKER Area Name/Location MEADOW HILLS LOT 41 LOT 41
Well Owner: ANN MORGAN / MARGO FLEGER Address: 7015 SR 259
Telephone Number: 304-897-6788 LOST RIVER, WV 26810
Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-86	SOFT SHALE	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR DRILL</u>
87-200	HARD SANDSTONE	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
201-	WATER	Well Depth: <u>240</u> Date Completed: _____
202-240	RED SHALE	CASING: Length <u>106</u> Feet Height above ground <u>1</u> Feet
		<input checked="" 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.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	70		
Pumping Rate (GPM)	10		
Pumping Level (Ft. Below Grade)	240		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	4		

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.

Name B. MARK SMITH Certification No. 001
B.W. SMITH WELL DRILLING
Registered Business Name 12-8-05
Signed [Signature] Date