

Rev 3/08	DATE THE WELL WAS COMPLETED MM DD YY <u>3 10 09</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
ST/CO USE ONLY DATE RECEIVED	PERMIT NO. DW- <u>1409045</u>		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
 Well Owner: Last Name Richard First Name Mark
 Street/Road 8102 Bonner Lane Pasadena MD County Hampshire Zip Code 21122

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>Shadow Knolls Lot 5</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 <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: _____ Installation Method: _____
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From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	CASINGS RECORD MAIN CASING TYPE <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter _____ (in) Wall Thickness _____ (in) Casing Length _____ (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)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ESTIMATED WELL YIELD Estimated at _____ G.P.M. Static Water Level _____ (ft) *Pumping level below land surface _____ (ft) after _____ hrs. at _____ G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
162	422	Blue sandstone	SCREEN RECORD <input 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 type="checkbox"/> No From _____ (ft) to _____ (ft)	WELL HEAD COMPLETION Casing height above grade _____ (ft) Type Of Well Cap _____ Installed: _____ VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" 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 Miller Well Drilling WV Contractor No. 044126
 Business Registration No. 2000-2018 Master Well Driller Certification No. 602
 Master Well Driller (print) Bobby Allred
 Master Well Driller Signature [Signature]

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:
DRILLED DEEPER
160' to 422'

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

Permit # **ST-14-09-136**

Name of Owner: Mark Richard Installer: Billy G. Hart
 Address: 8102 Bonner Lane, Pasadena, Md 21122
 Property Location: Shadow Knolls Lot 5 Lot Size: 20AC Acres
 Type of Facility: Residence Facility is: New Existing
 Design Loading in gpd/# Bedrooms: 3 Source of Water: Existing Well

SEWAGE TANK COMPONENT

Capacity in Gallons: **1000** Material: precast concrete Pump Chamber gal
 Distances (in feet) of Tank to: Dwelling
 Private Public Water Source: **110'** Property Line: **> 100'**

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: **3** Length (in feet) of Each: **80'**
 Width of Trenches: **36** inches/feet Depth to Bottom of Field: **24-40** inches
 If Bed, Dimensions (in feet): Size Equates to **1200** sq ft of SGF
 Distance (in feet) of System to: Dwelling
 Private () Public () Water Source: **125'** Property Line: **50'**
 Remarks: **Dwelling not constructed at time of inspection**

GPS: N39 26 31.1 W78 37 42.2

An inspection indicates that
 The sewage disposal system
 Described above

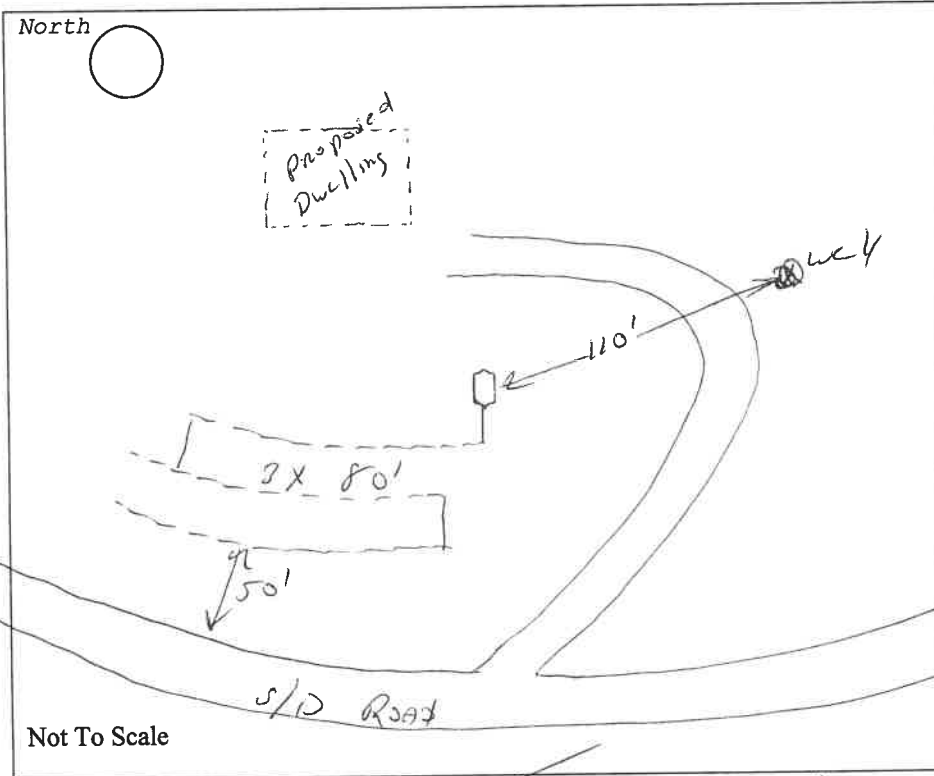
DOES MEET
 DOES NOT MEET or
 CANNOT BE DETERMINED TO

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.

Visit Date(s):



FINAL INSPECTION DATE: 5/12/2009

SANITARIAN: *Billy G. Hart*