Rev 3/08

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
___ ___ ___

DATE THE WELL WAS COMPLETED
MM DD YY
07 26 2010

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

LOCATION OF WELL
Well Owner: Last Name James & WILLIAMS First Name PAUL & LAURA
Street/Road DEER PATH County HAMPSHIRE Zip Code

Latitude: ____ Deg ____ Min ____ Sec
Longitude: ____ Deg ____ Min ____ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
Cabin at Capon Bridge
Lot D-15

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

WELL LOG

Depth From (ft.)	Depth 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 14 GPM
		Rock Fragments Falling IN

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

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other

Hole Diameter 6 (in)
Total depth 200 (ft)

CASINGS RECORD
MAIN CASING TYPE DRIVE SHOE
☒ Steel ☐ Plastic
☐ Other
Casing Diameter 6 5/8 (in)
Wall Thickness .188 (in)
Casing Length 158 (ft)

Other Casing or Liner Used
Type ☐ Steel ☐ Plastic
☐ Other
Casing/Liner Diameter ____(in)
Length ____(ft) from ____(ft)
to ____(ft)

SCREEN RECORD
☒ Not Installed ☐ Installed
Material: ☐ Bronze ☐ Plastic
Diameter of screen ____(in)
Slot size ____
Length ____(ft) from ____(ft)
to ____(ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From ____(ft) to ____(ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other
No. of Bags: 7
Installation Method:
PRESSURE

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'

Water Cleared up Good

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) ____, ____

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

D15

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: 10+

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: _____

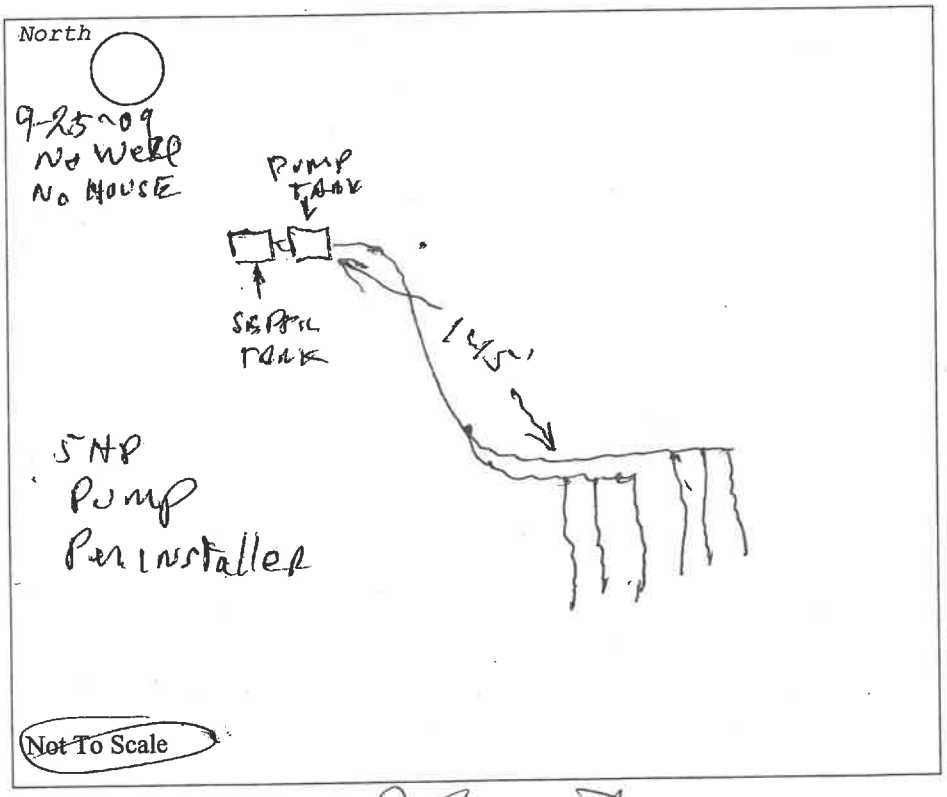
No. of Lines: 6 Length (in feet) of Each: 70, 70, 70, 70, 70, 70, ___, ___, ___
Width of Trenches: 12 inches/feet Depth to Bottom of Field: 12 inches
If Bed, Dimensions (in feet): ____ Size Equates to 2100 sq ft of SGF
Distance (in feet) of System to: Dwelling ___ Private ( ) Public ( )
Water Source: ___ Property Line: 10+

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.



Visit Date(s): 3-12-2008

FINAL INSPECTION DATE: 9-25-09

SANITARIAN: J. Kimmons