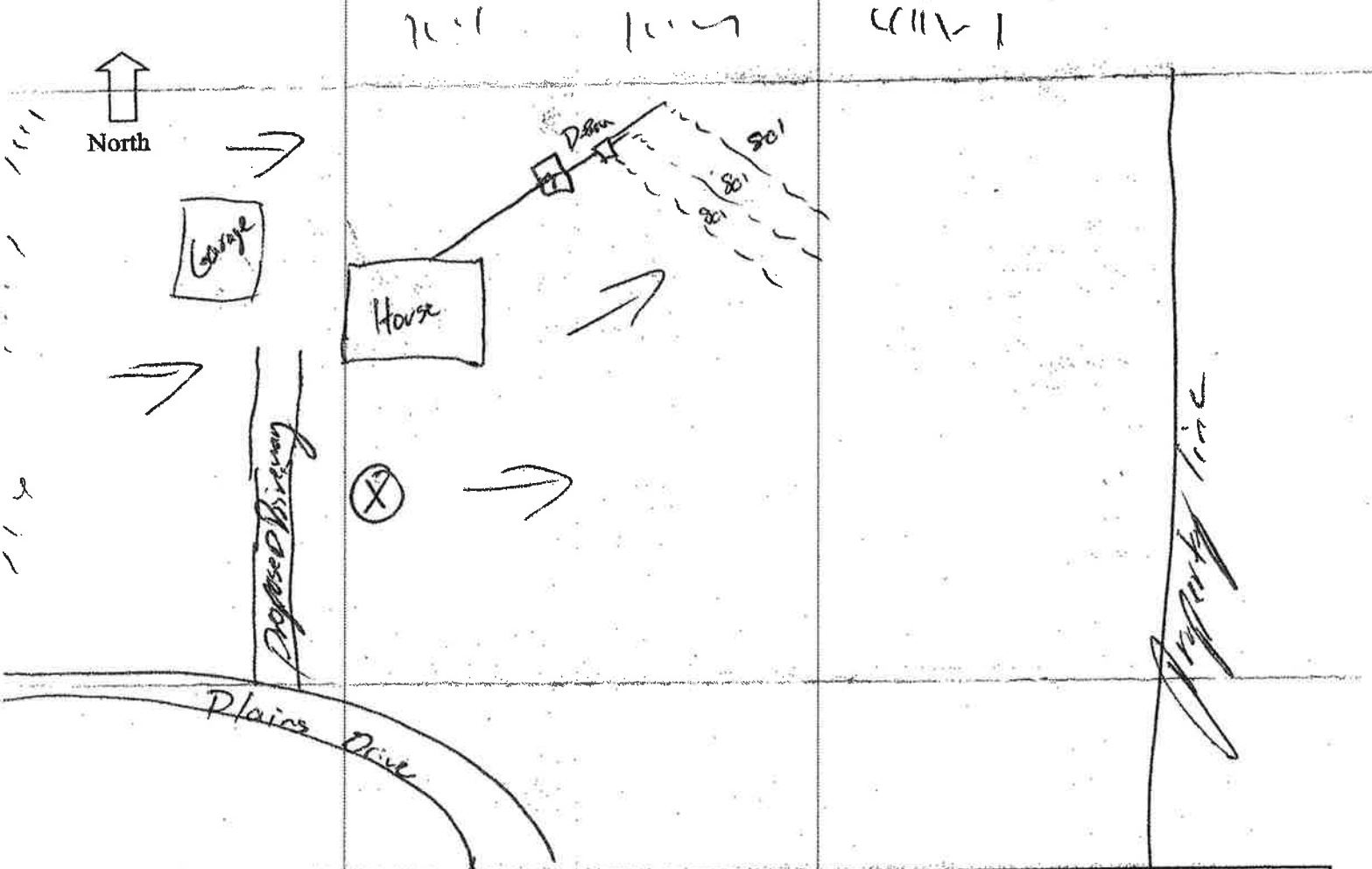


Rev 3/08 <b>ST/CO USE ONLY</b> DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY 8 17 15 PERMIT NO. DW-14-15-093	<b>STATE OF WEST VIRGINIA</b> <b>WATER WELL COMPLETION REPORT</b> Hampshire Co.	<b>FORM SW-258</b> THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED AUG 28 2015 COMPLETELY PLEASE PRINT OR TYPE
<b>LOCATION OF WELL</b> Well Owner: Last Name <u>Mantua</u> First Name <u>STEVE D.</u> Street/Road <u>SLONAKER LN</u> County <u>HAMPSHIRE</u> Zip Code <u>26711</u>			
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other		<b>AREA NAME/LOCATION:</b> FARMS OF THE RIVER LOT 6	<b>TYPE OF WELL:</b> <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
<b>WELL LOG</b>		<b>DRILLING METHOD</b>	<b>GROUTING RECORD</b>
Depth	From To (ft.) (ft.)	<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>5</u> Installation Method: <u>PUMPED</u>
0	20	Hole Diameter <u>6</u> (in)	<b>PUMP INSTALLED</b>
20	40	Total depth <u>220</u> (ft)	By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40	57	<b>CASINGS RECORD</b>	<b>ESTIMATED WELL YIELD</b>
57	220	MAIN CASING TYPE <u>DRIVE SHAPE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other	Estimated at <u>15</u> G.P.M Static Water Level <u>85</u> (ft) *Pumping level below land surface <u>218</u> (ft) after <u>1/2</u> hrs. at <u>15</u> G.P.M. (Estimated)
96		Casing Diameter <u>6 5/8</u> (in)	*Note: For Public Water Supply wells please submit required yield and drawdown tests.
135		Wall Thickness <u>.188</u> (in)	<b>WELL HEAD COMPLETION</b>
190		Casing Length <u>80</u> (ft)	Casing height above grade <u>1</u> (ft)
		Other Casing or Liner Used	Type Of Well Cap
		Type <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic	Installed: <u>Harvard</u>
		<input type="checkbox"/> Other <u>Cerda-Lok</u>	<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		Casing/Liner Diameter <u>4</u> (in)	Request Number _____
		Length <u>180</u> (ft) from <u>0</u> (ft) to <u>180</u> (ft)	<b>COMMENTS BY INSTALLER:</b>
		<b>SCREEN RECORD</b>	NO ROPE NO Torque Arrestor NO Cable Guards SET PUMP AT <u>180</u>
		<input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Installed	
		Material: <input type="checkbox"/> Bronze <input checked="" type="checkbox"/> Plastic	
		Diameter of screen <u>4</u> (in)	
		Slot size <u>.020</u> "	
		Length <u>40</u> (ft) from <u>180</u> (ft) to <u>220</u> (ft)	
		<b>GRAVEL PACK RECORD</b>	
		Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		From _____ (ft) to _____ (ft)	
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 <u>B.W. SMITH WELL DRILLING</u> WV Contractor No. <u>038405</u> Business Registration No. <u>1005-5395</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Chris Wolford</u> Master Well Driller Signature <u>Chris Wolford</u>			
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) _____			

SW-256  
Rev. 3/08  
Side B

Please draw a sketch of the property showing existing or proposed well locations, and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

- House/Facility
- Soil Absorption Line
- ..... Stream, Rivers and Impoundments
- B Barn / Barnyard
- W Existing Water Supply
- Dir. of Ground Slope
- MH Mobile Home
- FP Fertilizer and Pesticide Storage
- P Proposed Water Supply
- Property line
- UST Under Ground Storage Tank
- STF Sewage Treatment Facilities
- ST Septic Tank
- ||| Trees
- ⊕ Cemetery



**FOR HEALTH DEPARTMENT USE ONLY**

County: \_\_\_\_\_ Coordinates: Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Date Received: 6-4-15

Date Site Evaluation: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Received From: \_\_\_\_\_

Contractor's Bond/Letter of Credit Exp. Date Verified By: \_\_\_\_\_ Liability Insurance Exp. Date Verified By: \_\_\_\_\_

Water Well Permit  Issued  Denied Permit No.: \_\_\_\_\_ Comments: \_\_\_\_\_

*Receipt # 5667 voided made out incorrectly  
Receipt # 5735*

SS-177  
Rev 6/11



West Virginia Department of Health & Human Resources

Lat: N: 39 19 19.4  
Long: W 78 24 54.0

Hampshire County Health Department  
**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Permit #: ST-14-15-120  
Tax District Name: Bloomery  
Map # 34 Parcel # 3

Name of Owner: Steve D. Mantua Installer: Gary Carpenter  
Owner Address: 17700 Quail Covey Court, Md 21797  
Property Location: Farms of the River  
Subdivision: Farms of the River Lot number: Lot 6  
Type of Facility: new Facility is: New x Existing  Lot Size (ft<sup>2</sup>/acres): 20 acres  
Design Loading: Bedrooms: 3 or GPD: \_\_\_\_\_ Water Supply: Existing: x Proposed  Type: well

**System requires a perpetual maintenance program as per 64CSR9.7.2: Yes  No x**

**SEWAGE TANK COMPONENTS**

1000				243'		
Plastic				>100'		
				>100'		
yes				No		

**ABSORPTION FIELD**

Chamber: x Eljen  Gravelless: Pipe:  Gravel Media Trenches  Other: \_\_\_\_\_  
Manufacturer: infiltrator Square footage: Permitted 1200 ft<sup>2</sup> Installed 1200 ft<sup>2</sup>  
Number of lines: 3 Trench width: 36 inches  
Lengths of lines: 80' 80' 80'

Inspection ports installed? Yes  No x Distribution box used? Yes x No  Outlets level? Yes x No   
If chambers, length of each section: 4' Gravelless pipe diameter: \_\_\_\_\_  
If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_  
Distance of absorption field to: Dwelling: 260', Water Supply: \_\_\_\_\_, Water Line: >100', Property Line: >100'  
Average Depth: 24in Maximum depth: 30in

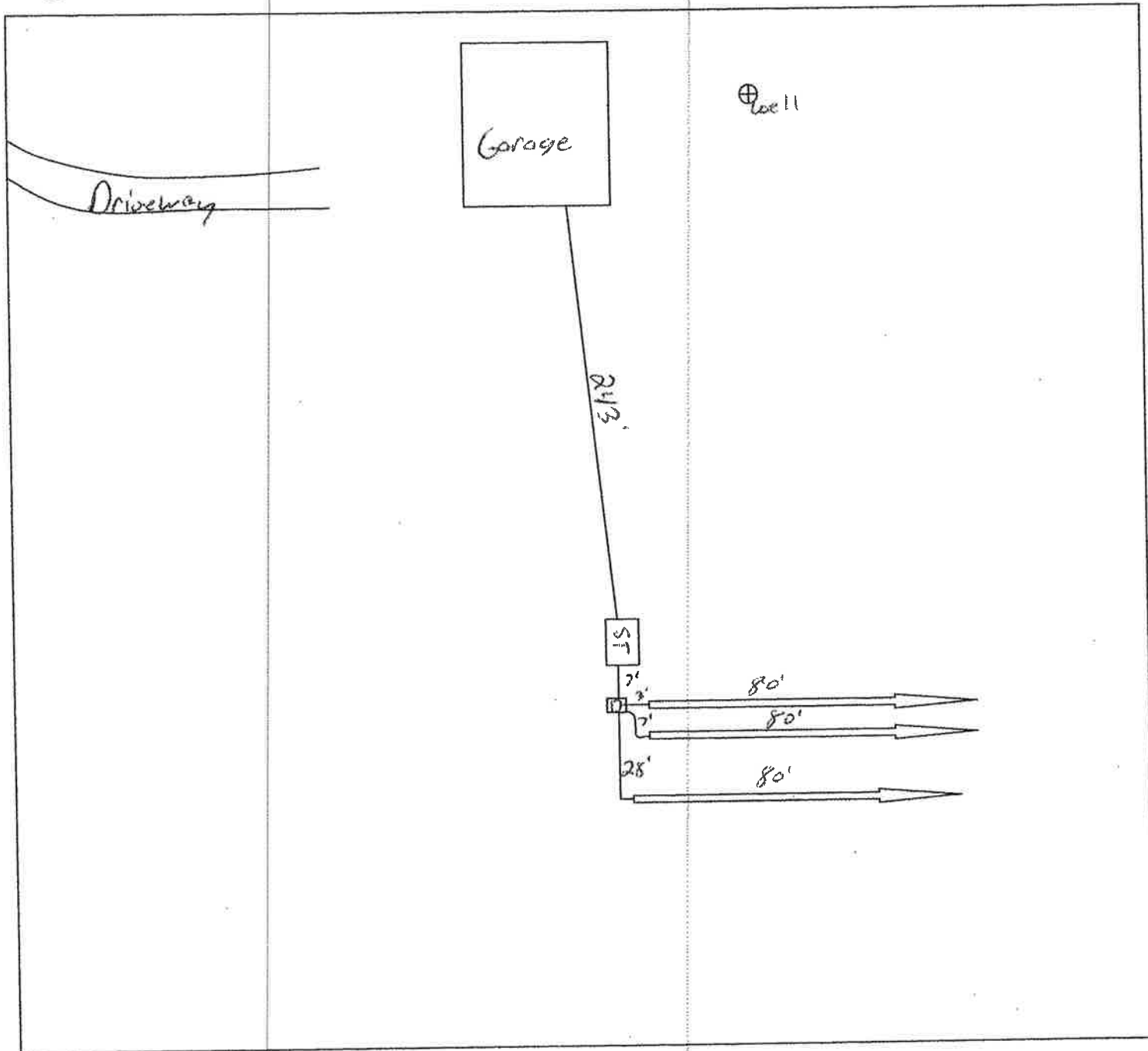
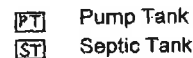
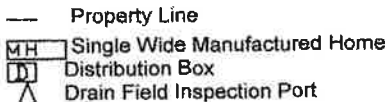
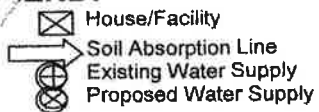
Design type: \_\_\_\_\_

Remarks:

**System is installed as per the permitted design and layout. Yes x No**   
**Include sketch of installation on reverse.**

**Sketch of Installation with Triangulation or Distance to Specific Landmarks.  
Include reserve area boundaries.**

END:



System is:  Approved x System is NOT Approved:

COMMENTS:

Dates visited: 9/21/2015

*[Signature]*  
Sanitarian

9/30/2015  
Date Final Inspection