

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY	DATE THE WELL WAS COMPLETED MM DD YY <u>4 5 14</u> PERMIT NO. <u>DW-1414-048</u>	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 FENLASON First Name MIKE
Street/Road High DRIVE County HAMPSHIRE Zip Code 26763

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>LAKE FERNDALE</u> <u>A-1</u> <i>Permit # 7-28-15</i>	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
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	<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>2 1/2</u> Installation Method: <u>pumped</u>
From (ft.)	To (ft.)	Hole Diameter <u>6 1/8</u> (in) Total depth <u>320</u> (ft) CASINGS RECORD MAIN CASING TYPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <u>40</u> <input type="checkbox"/> Other Casing Diameter <u>7</u> (in) Wall Thickness <u>50R 21</u> (in) Casing Length <u>40</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) SCREEN RECORD <input checked="" 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 checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>2 1/2</u> Installation Method: <u>pumped</u>
<u>0</u>	<u>4</u>	<u>BROWN SHALE</u>	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>4</u>	<u>15</u>	<u>YELLOW SHALE</u>	ESTIMATED WELL YIELD Estimated at <u>10</u> G.P.M. Static Water Level <u>90</u> (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.
<u>15</u>	<u>165</u>	<u>GRAY SHALE</u>	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: <u>Royal Bug PROOF</u>
<u>165</u>	<u>320</u>	<u>DARK GRAY SHALE</u>	VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____
		<u>10 GPM 165</u>	COMMENTS BY INSTALLER:

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 ENTERPRISES LLC WV Contractor No. 044126
Business Registration No. 2000-7918 Master Well Driller Certification No. 255
Master Well Driller (print) JEFFREY G MILLER
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) _____