Rev 3/08

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

DATE THE WELL WAS COMPLETED
MM DD YY
11 3 20

PERMIT NO.
DW- 19-1920-065

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 Properties, LLC First Name Krop
Street/Road 640 War Admiral Blvd, Kearneysville, WV | County Jefferson | Zip Code

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

AREA NAME/LOCATION :
640 War Admiral Blvd,
Kearneysville, WV

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	32	Overburden
	32	Bedrock
32	375	Limestone
Water	Zones:	115, 330
		Water is clean and clear.
		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 1/8 (in)
Total depth 375 (ft)

CASINGS RECORD
MAIN CASING TYPE
☑ Steel ☐ Plastic
☐ Other ____
Casing Diameter 6 5/8 (in)
Wall Thickness .280 (in)
Casing Length 60 (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: 10
Installation Method:
Tremie Pipe

PUMP INSTALLED
By Driller ☐ Yes ☑ No

ESTIMATED WELL YIELD
Estimated at 7 G.P.M
Static Water Level 53 (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.

WELL HEAD COMPLETION
Casing height above grade 1.5 (ft)
Type Of Well Cap Installed: 2 piece sanitary well cap

VARIANCE ISSUED ☐ Yes ☐ No
Request Number ____

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 Payne Drilling Corporation **WV Contractor No.** WV059752
Business Registration No. 2389-5647 **Master Well Driller Certification No.** 738
Master Well Driller (print) Adam Payne
Master Well Driller Signature Adam Payne

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) ____, ____