

Rev 3/08  <b>ST/CO USE ONLY</b> <b>DATE RECEIVED</b>  MM DD YY ____ ____ ____	<b>DATE THE WELL WAS COMPLETED</b> MM DD YY ____ ____ ____  <b>PERMIT NO.</b>  DW-_____	<b>STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT</b>	<b>FORM SW-258</b> 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 _____	First Name _____
Street/Road _____	County _____ Zip Code _____

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other _____	<b><u>AREA NAME/LOCATION:</u></b>  _____	<b><u>TYPE OF WELL:</u></b> <input 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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<b><u>WELL LOG</u></b>	<b><u>DRILLING METHOD</u></b>	<b><u>GROUTING RECORD</u></b>
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<b>Depth</b>		
From (ft.)	To (ft.)	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 type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____  Hole Diameter _____ (in) Total depth _____ (ft)

	<b><u>CASINGS RECORD</u></b>	<b><u>PUMP INSTALLED</u></b>
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	<b><u>MAIN CASING TYPE</u></b> <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter _____ (in) Wall Thickness _____ (in) Casing Length _____ (ft) <b><u>Other Casing or Liner Used</u></b> Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	Grouting Material: <input type="checkbox"/> Cement <input type="checkbox"/> Bentonite Clay Other _____ No. of Bags: _____ Installation Method: _____
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	<b><u>SCREEN RECORD</u></b>	<b><u>ESTIMATED WELL YIELD</u></b>
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	<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)	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.
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	<b><u>GRAVEL PACK RECORD</u></b>	<b><u>WELL HEAD COMPLETION</u></b>
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	Gravel Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ (ft) to _____ (ft)	Casing height above grade _____ (ft) Type Of Well Cap _____ Installed: _____
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	<b><u>VARIANCE ISSUED</u></b>	<b><u>COMMENTS BY INSTALLER:</u></b>
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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 _____ WV Contractor No. _____ Business Registration No. _____ Master Well Driller Certification No. _____ Master Well Driller (print) _____ Master Well Driller Signature _____	
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**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) _____, _____	
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