

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY ____ ____ ____	DATE THE WELL WAS COMPLETED MM DD YY ____ ____ ____ PERMIT NO. DW- _____	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 _____ 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 _____	AREA NAME/LOCATION : _____	TYPE OF WELL : <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 _____
---	--	---

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 type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other Hole Diameter _____ (in) Total depth _____ (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input type="checkbox"/> Bentonite Clay Other _____ No. of Bags: _____ Installation Method: _____
			CASINGS RECORD MAIN CASING TYPE <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter _____ (in) Wall Thickness _____ (in) Casing Length _____ (ft)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD 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.
			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)	WELL HEAD COMPLETION Casing height above grade _____ (ft) Type Of Well Cap _____ Installed: _____
			SCREEN RECORD <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)	VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____
			GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ (ft) to _____ (ft)	COMMENTS BY INSTALLER: _____ _____
		If additional space is needed, use additional sheets and attach w/permit # at top.		

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 _____	
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) _____	