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: ☐ GPS ☐ Topo ☐ Other
_____

AREA NAME/LOCATION:

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).

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☐ Rotary Hammer ☐ Other
_____
Hole Diameter _____(in)
Total depth _____(ft)

CASINGS RECORD
MAIN CASING TYPE
☐ Steel ☐ Plastic
☐ Other _____
Casing Diameter _____(in)
Wall Thickness_____(in)
Casing Length _____(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:_____
Installation Method:

PUMP INSTALLED
By Driller ☐ Yes ☐ 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.

WELL HEAD COMPLETION
Casing height above grade_____(ft)
Type Of Well Cap
Installed:_____

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 _____ **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)_____, _____