Gray Acres Lot: 17

Rec 10-3-02

WV Department of Health and Human Resources
Bureau of Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258
10/01

WELL COMPLETION REPORT

Date(s) 7/30/02 County Hampshire Permit #: DW-14-02-353

Town: Area Name/Location

Well Owner: Derek Shreve Address: HC 65 Box 4280
Romney, WV 26757

Telephone Number: 822-8501

Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Springfield WV 26763

Telephone Number: 822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-25	Yellow shale
26-45	Red shale
46-64	Hard gray shale
65-	Fractured water bearing
66-117	Hard red & gray shale
118-120	Fractured water bearing
121-140	Hard red sandrock
	2100 gph

REMARKS:

Type of Well: Gone Drilling Method: Air-Hammer

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 140' Date Completed: 7/30/02

CASING: Length 60 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other Type

SCREEN

☐ None Installed

Type Diameter

Slot/Gauge Length

Set Between Ft. and Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	38		
Pumping Rate (GPM)	35		
Pumping Level (Ft. Below Grade)	140		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1/4		

WELL HEAD

Pitless Adapter: Type, Make, Etc.

Well Cap: Type, Make, Etc. Watertight

Well Seal: Type, Make, Etc.

Well Platform:

Length Width Thickness

Grouting: ☒ Yes ☐ No
All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

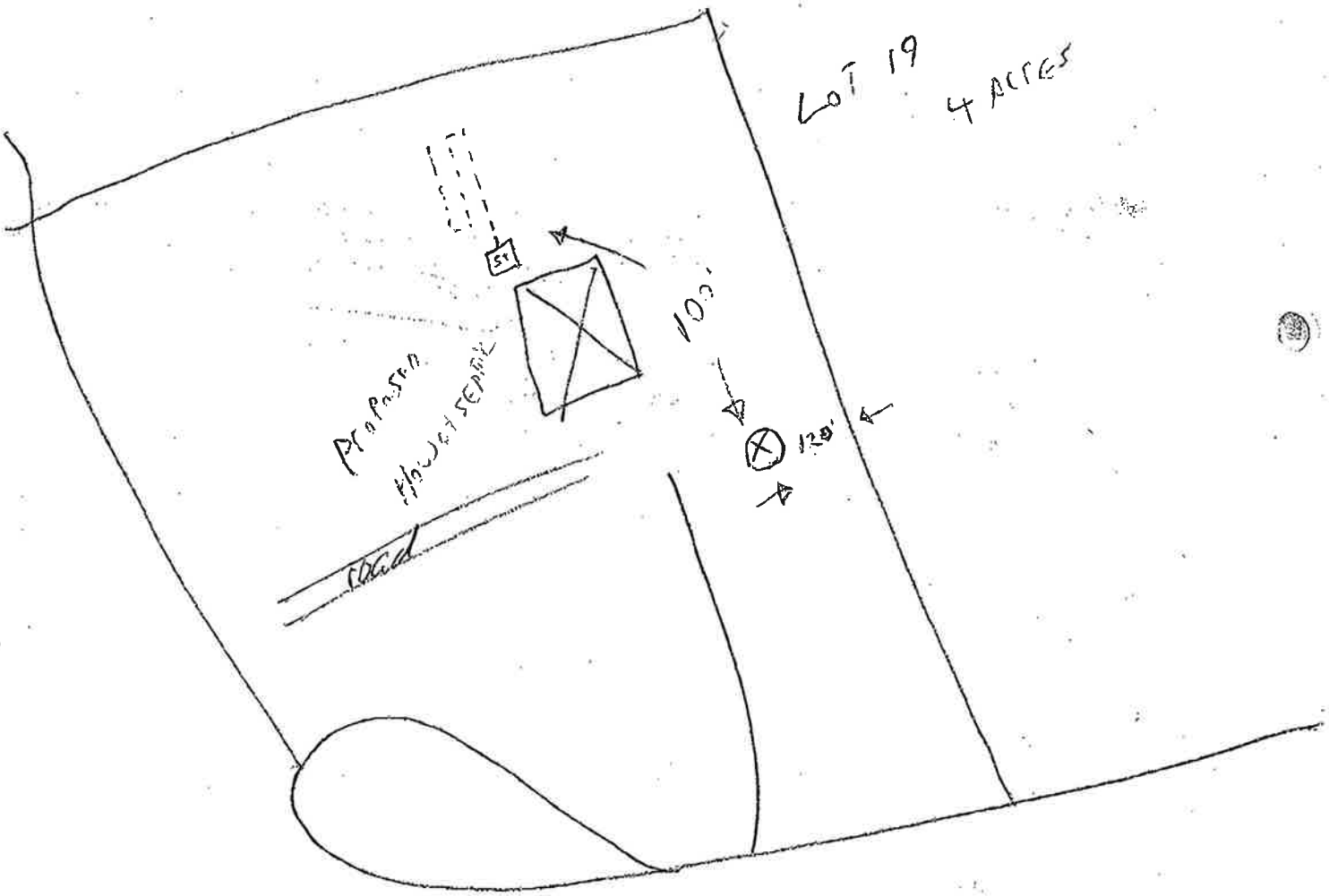
B. Mark Smith WD1
Name Certification No.

Mark Smith Well Drilling
Registered Business Name

Signed 7/30/02
Date

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed s systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other fa which can be a possible source of contamination for the water supply.

⊠	House	⊗	Water Supply	Ⓟ	Percolation Test Site
___	Soil Absorption Line	→	Dir. Of Ground Slope	_____	Property Line
|||||	Trees	ST	Septic Tank	MH	Mobile Home



FOR HEALTH DEPARTMENT USE ONLY:	**COUNTY:**_____
Date Received: 5-17-02	Coordinates: N_____ W_____
Date Evaluated: _____	Reviewed by: _____ Date fee paid:_____
Received From: _____	Permit: ☐ Issued ☐ Denied Permit No.:_____

PRINT:

HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO INSTALL OR MODIFY A SMALL ON-SITE SEWAGE DISPOSAL SYSTEM

Property Owner: Derek + Keri Shreve
Address: HC 65 Box 4580
Romney WV, 26757
Phone: (home) (304) 822-8801 (business) (443) 994-2792

Certified Installer: Dave Adams Class: ☐ I ☒ II
Address: HC 65 Box 2300 Springfield
Phone: 492-5866
Installer No.: 54-94-A-0221 WV Contractor's No.: WV0241356

Directions to property: Shady lane subdivision lot #19 take Rte 50 to McKee Hollow Rd. turn right on Dennis Park Road til road turns to dirt turn left onto Shady lane Drive. lot is at end in cul de sac (Please provide specific and detailed directions)

Proposed faciltiy to be served:

☒ Residence, No. of bedrooms: 4 No. of individuals served: 2

☐ Other, _____

Facility served is: ☒ New ☐ Existing Water Source: _____

Property deed recorded in Book No.: 412 Page(s): 596

Date the property deed was recorded: march 12, 2002

If lot or tract created after July 1, 1970, please refer to Subdivision box. →

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created.

Subdivision name: Shady lane Approval number: _____

County tax map: 29 Parcel No.: 94

Size of Lot: 4 acres square feet / acres

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

(Signature of the owner or authorized agent)

Application is herein made to: ☒ Install ☐ Modify a/an:

☒ Septic Tank ☒ Absorption Field ☐ Alternate System ☐ Other: _____

Soil percolation tests were conducted on April 18, 2002, at a depth of _____ inches.

The time, in minutes, for the final 6 inch drop in each test hole is as follows:

Test Hole:	#1	#2	#3	#4
Time:	180	169	192	204

6 feet hole free of Water and solid rock ☒ Yes ☐ No

Times given for each percolation test hole are to be added together to give a total number of minutes: 745,

then the total shall be divided by 24 in order to give the average time for a one inch drop: 31.04 (minutes per inch).

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the Design Standards. In the event that the percolation rate has received previous approval in a subdivision application to the health department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Signed: _____, ***on this date:*** 4/18/02

Reverse of form must be completed.

gallons Material: Conc Manufacturer: Jo

Absorption Field: Equivalent to _____ square feet of conventional gravel trench system

☐ Trench System: No. of Lines: ____, Lengths: 100, 100, 100, ____, ____, ____

☐ Gravel Trench Width: 36 inches, or Gravelless Pipe Diameter: 10 inches,

☐ If Chamber System: Manufacturer: AOS, Number of Chambers: ____

☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.

If soil absorption bed, Length: _____ feet by Width: _____ feet, or if Chamber Sys

Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):

Septic Tank to: Building Foundation: 10 feet, Property Line: 10 feet, Water Supply: 50 fee

Absorption Field to: Building Foundation: 10 feet, Property Line: 10 feet, Water Supply: 100

Materials:

The installation or modification of all parts of the sewage disposal system, including required ma standards, shall be done in compliance with applicable design standards issued by the Public H Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recomme procedures and practices.

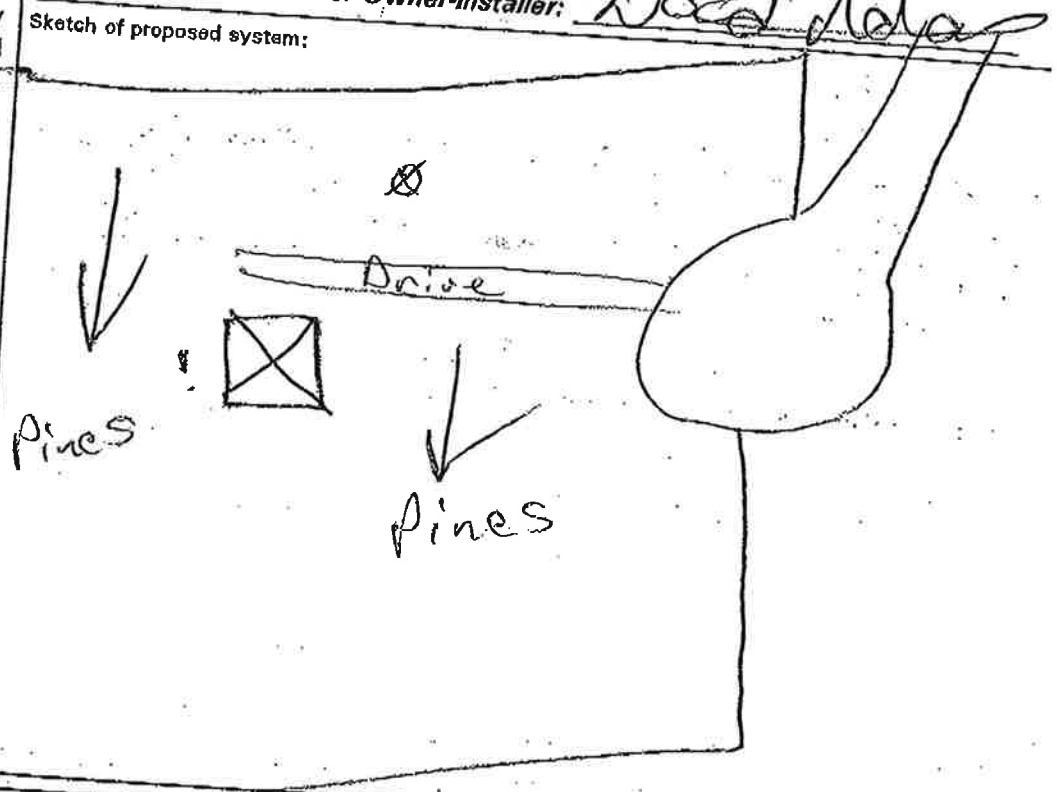
Signature of Certified Installer or Owner-Installer: David Mahan

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- → Direction of ground slope
- Ⓟ Percolation test site
- — Property line
- ⊠ Residence or facility served
- ST Septic Tank
- – – Soil absorption lines
- |||| Trees
- ⊠ Water source
- —✕— Water supply line

Show all structures or facilities to be served by on-site sewage system on the lot or tract.

Sketch of proposed system:



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 4-22-02

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____