

Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

Date(s) 1-12-2007 County Hampshire Permit #: DW-14-07-139
 Town: Springfield Area Name/Location Bluffs on the Potomac Lot 73
 Well Owner: JAH Services Inc. Address: 18-C SOL SHANHOLTZ RD.
 Telephone Number: 304-496-9839 AUGUSTA, WV 26704
 Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
 Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 2	Clay + shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
2 - 14	Brown shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
14 - 40	Gray shale	Well Depth: <u>300'</u> Date Completed: <u>1-12-2007</u>
40 - 185	Dark Blue shale	CASING: Length <u>21'</u> Feet Height above ground <u>1</u> Feet
185 - 300'	Light Blue shale	☒ 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)	<u>22</u>		
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft. Below Grade)	<u>298</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 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.

H₂O = 32' 15 Gpm

Name Chris Walford Certification No. 574
B.W. Smith Well Drilling
 Registered Business Name Chris Walford Date 1-12-2007
 Signed _____

INSPECTION TO BE
PRINTED OR TYPEDTax Map: W Parcel #: 1County: ShenandoahON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County Road: _____

Name of Owner: WV Hunter LLC Installer: EUGENE RINKER
 Address: 471 B&O OVERPASS RD, HEDGESVILLE, WV 25427
 Property Location: RT 28 N to GRACES CABIN RD, TO NEW SPD DRIVE, PROP ON RT #73 THE BLUFF
 Type of Facility: RESIDENCE Facility is: New ☒ Existing () Lot Size: 20.78 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 4 Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1800 Material: concrete Manufacturer: _____
 Distances (in feet) of Tank to: Dwelling: 21 Private ☒ Public () Water Source: 100' Property Line: 150'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
 Chamber Soil Absorption Trenches ☒ or Bed ()
 Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
 Shallow Soil Absorption Trenches () or Bed () Other: _____

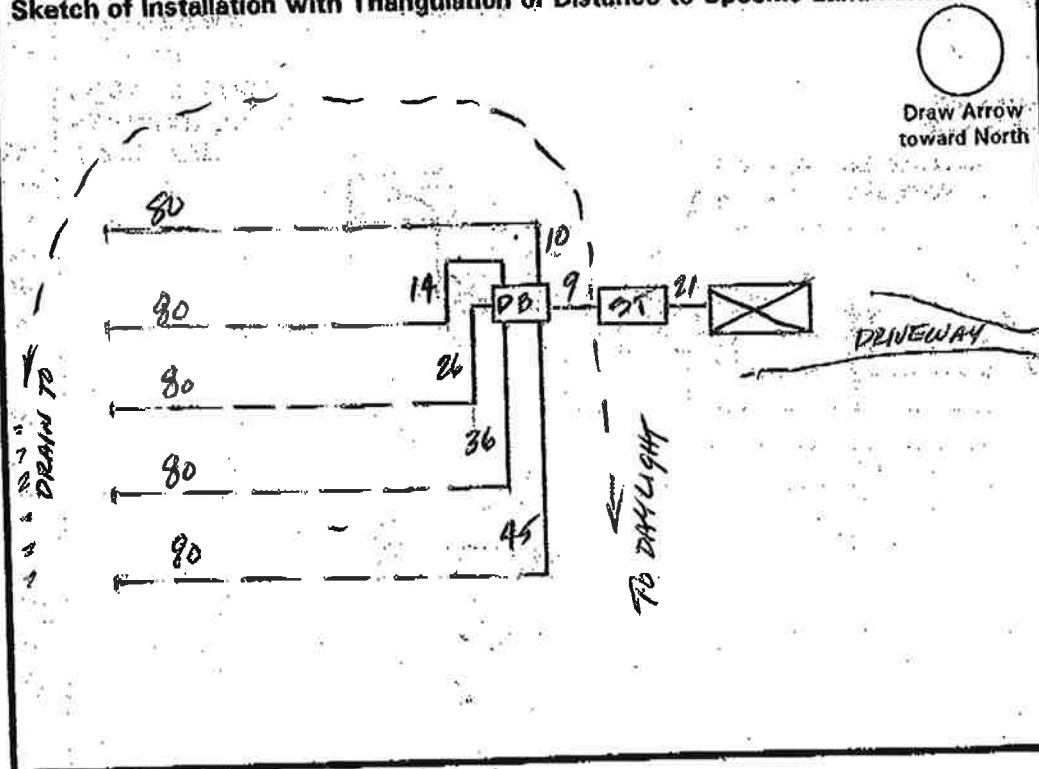
No. of Lines: 5 Length (in feet) of Each: 80, 80, 80, 80, 80
 Width of Trenches: 3 inches/feet Depth to Bottom of Field: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____ No. of Units: _____
 Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 1800 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 40 Private ☒ Public () Water Source: 125 Property Line: _____
 Remarks: DIVERSION DITCH EXIT TO NATURAL DRAIN ON UPPER SIDE AND BELOW DRIVEWAY ON LOWER SIDE

An inspection indicates that the sewage disposal system described above
 DOES MEET ☒
 DOES NOT MEET (),
 CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:



Visit Date(s): 1-18-06
 Final Inspection Date: 6-19-06

Sanitarian: Dakota