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

Rec 10-15-04

SW25
10/01

WELL COMPLETION REPORT

Date(s) OCT 7, 2004 County HAMPSHIRE Permit #: DW 14-05-090

Town: AUGUSTA Area Name/Location 50W to Sol Shanholtz Rd Sub on right Lot 6

Well Owner: RANDAL & JEFFREY MILLER Address: P.O. BOX 952

ROMNEY, WV 26757

Telephone Number: 304 822-4092

Well Driller: MILLER BROTHERS DRILLING Address: P.O. BOX 952

Telephone Number: 304 822-4092 ROMNEY, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0 - 20	Brown Shale
20 - 44	Red Shale (cons)
44 - 58	Lt Blue Shale (cons)
58 - 65	Red Shale
65 - 94	Lt Blue Shale
94 - 110	Lt Blue SS
110 - 120	Red SS

REMARKS:

Type of Well: DW Drilling Method: Air Rotary Hmr

Well Diameter: 6 1/4" Casing O.D.: 6 5/8"

Well Depth: 120 Date Completed: 10/3/04

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)	20	est.	
Pumping Rate (GPM)	120		
Pumping Level (Ft. Below Grade)	118		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. ROYER - CONDUIT TYPE

Well Seal: Type, Make, Etc. _____

Well Platform:

Length 6 Width _____ Thickness _____

Grouting: ☒ Yes ☐ No Pressure

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.

JEFFREY G. MILLER 255
Name Certification No.

MILLER BROTHERS DRILLING
Registered Business Name

Signed _____ OCT 7, 2004
Date

SW-256
Rev. 8/01
Side A

Hampshire Co. HEALTH DEPARTMENT
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

Property Owner: Randal & Jeffrey McKee Certified Well Driller: Miller Bros Drilling
Property Address: P.O. Box 952 Romney W.V. 26757
Property Owner's Telephone Number: Day 304-822-4092 Evening
Specific & detailed directions to property Rt 50 W to Sis Stanholtz Rd, 4 mile to New SUB on Rgt.

Proposed facility to be served:

☐ Residence, No. of bedrooms: ____ No. of individuals served: ____

☐ Other ____

Facility served is

☑ New

☐ Existing

Property deed recorded in Book No. 434 Pages: 183 Date the property deed was recorded: 7-14-04

Subdivision name: Latiga Run Lot #: 6 Section #:

County tax map: 31 Parcel No.: 48.1 Size of Lot: 20.51 ~~Square feet~~/acres

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 well driller and to inform that driller of existing property lines and points of potential contamination, I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

Signature of Property Owner or Authorized Agent [signature] Date 9-27-04

Water well will be ☑ constructed ☐ modified and will be used for ☑ potable water ☐ water exploration ☐ abandoned or other purposes: ____

Type of casing: 6 5/8" OD STEEL

Type and Method of Grouting: BENTONITE, PRESSURE

If abandoning well, Abandonment Method: ____

Distance of Well from Potential Sources of Contamination:

Stream, Rivers & Impoundments —	Sewers & Drains (non-watertight) —	Privies (vault) —
Sewerage Absorption Fields 100'+	Sewers & Drains (hydrostat. tested) —	Sewage Holding Tank —
Septic Tank 50'+	Barnyard/Feeding/Watering Area —	
Other: —		

Distance to Property Line: 60'

Certified Well Driller RANDAL C MILLER Telephone Number 304 822-4092
Business Address P.O. Box 952 ROMNEY WV 26757
Well Driller's Certification No. 432 Expiration Date 2006 Liability Insurance Expiration Date 2-2005
Dept. of Labor Contractor's License No. WV013740 Exp. Date 5-05 Issued to MILLER BROTHERS DRILLING
Contractor's Bond or Letter of Credit Expiration Date 2-2005

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

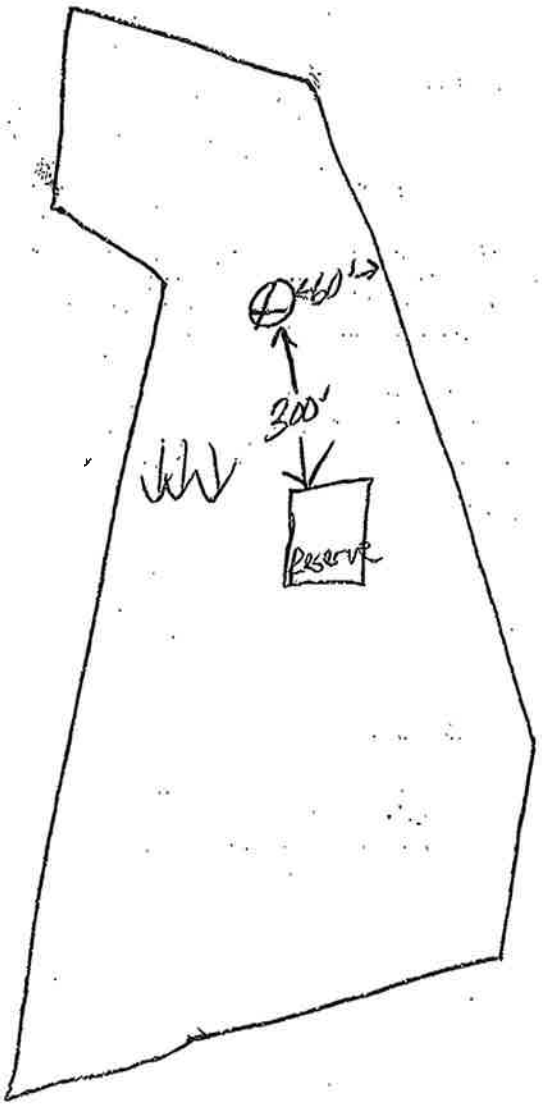
Signature of Certified Well Driller [signature] Date 9-27-04

Reverse of form must be completed

SW-256
Rev. 8/01
Side B

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

⊠	House	⊗	Water Supply	(P)	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:_____ Coordinates N_____ W_____ Date Recv'd. 9-28-04
Date Site Evaluation _____ Reviewed by_____ Date Fee Paid _____ Received From _____
Contractor's Bond/Letter of Credit Exp. Date Verified By _____ Liability Insurance Exp. Date Verified By _____
Water Well Permit ☐ Issued ☐ Denied Permit No._____ Comments_____

Receipt # 8847