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

Rec 5.27.04

SW258
10/01

WELL COMPLETION REPORT

s(s) May 18, 2004 County HAMPSHIRE Permit #: DW 14-04-56

n: SLANESVILLE Area Name/Location WHISPERING PINES LOT #36

l Owner: DANE B. BROWN / HAROLD DOWLER Address: RR1 BOX 5 WHISPERING PINES LOT# 36

phone Number: 740 774-1483 PAW PAW, WVA 25434

l Driller: MILLER BROS DRILLING Address: P.O. BOX 952

phone Number: 304 822-4092 ROMNEY, WVA 26757

LL LOG

EPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0 - 6	Red dirt and shale
6 - 15	Red Shale
15 - 26	Red SS
26 - 29	Red Shale
29 - 50	Red SS
50 - 52	Broken Area
52 - 61	Red Shale
61 - 83	Red SS
83 - 101	Red Shale
101-205	Red SS
205-225	Red Shale
225-227	Broken w/ H_2O & rocks
227-240	Red SS

REMARKS:

Type of Well: DW Drilling Method: Air Rotary Hammer

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

Well Depth: 240' Date Completed: May 18, 2004

CASING: Length 40' Feet Height above ground 1' Feet

XX Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☒ None Installed

Type _____ Diameter _____

Slot/Gauge _____ Length _____

Set Between _____ Ft. and _____ Ft.

MPING OR BAILING TEST

DETAILS	#1	#2	#3
tatic Water Level (Ft. Below Grade)	30	est	
umping Rate (GPM)	100	+	
umping Level (Ft. Below Grade)	238		
uration of Test (In Hours)	2		
ecovery Time to Static Level (In Hours)	3		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. Royer - Conduit Type

Well Seal: Type, Make, Etc. _____

Well Platform:

Length 4 Width _____ Thickness _____

Pressure Grouting: ☒ Yes ☐ No

All Public Water Supplies must be grouted.

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

JEFFREY G. MILLER 255

Name Certification No.

MILLER BROS DRILLING

Registered Business Name

Signed MAY 18, 2004

Date

SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
_____ HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-14-04-94
Tax Map: 8 Parcel #: 154
County Road: _____

County: HAMPSHIRE

Name of Owner: Harold Janet Fowler Installer: Billy Hart
Address: 3028 Sherwood Oaks Dickinson, TX 77539
Property Location: Wilsberry Pines Lot 36
Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 9 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Nolin
Distance (in feet) of Tank to: Dwelling: _____ Private (X)/Public ( ) Water Source: 180 Property Line: 10+

ON-SITE DISPOSAL SYSTEM

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

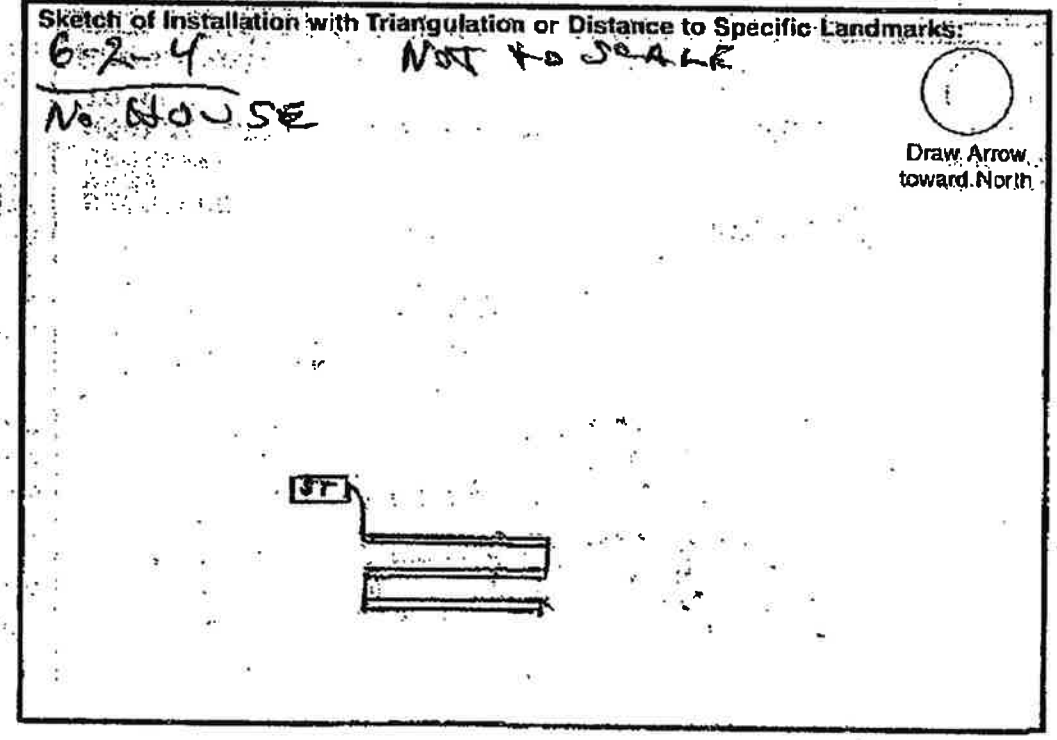
No of Lines: 3 Length (in feet) of Each: 80, 80, 40
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 60
Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to 1200 Square Feet of Standard Gravel Field
Distance (in feet) of System to: Dwelling: _____ Private (X)/Public ( ) Water Source: 130 Property Line: 10+
Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (X),
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) 9-18-03
Final Inspection Date: 6-3-04 Sanitarian: [signature]

1196

IT TO BE D OR TYPED

STATE OF WEST VIRGINIA

Hampshire County HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-04-94

Tax Map _____ Parcel # _____

County Road No.: _____

Owner: Harold & Janet Powler

Address: 3028 Sherwood Oaks Pearland, TX 77539

Certified Installer: Billy G. Hart

Address: Rt 1 Box 163A2 Paw Paw, WV 25434

You are hereby issued a permit to: [X] install, or [ ] modify an on-site sewage disposal system located:

Whispering Pines Lot 36

Facility: House Design Flow: 3 BR Lot Size: 9 ~~Sq. Ft.~~ (Acres) Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 9-11-03, AND THE PROPER INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SEWAGE SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

[X] Septic tank - Capacity: 1000 gallons or more, Constructed of: Concrete

[X] Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench area.

Depth to the bottom of the trench or bed installation shall be: 24-36 inches from original ground surface.

[ ] Gravel system: Lengths of lines: _____, _____, _____, _____, _____, _____ feet, Width: _____ inches.

[X] Chamber system: Number of units: 39, Length of lines: 13, 13, 13, _____, _____ (units), Manufacturer of chamber: _____

[ ] Bed system: [ ] Gravel, [ ] Chamber; Length: _____ feet, Width: _____ feet.

[ ] Other: X 240 Linear Feet of 36" Chamber System

Diversion Ditch if needed

This permit is non-tranferable and automatically expires 12 months after issue date.

This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 72 hours or more prior to planned inspection time.

Sketch of system: NOT TO SCALE

10,000 SQUARE FOOT RESERVE AREA REQUIRED

40 x 25 per Plat

Well

40 x 30

NT

Draw Arrow Toward North

9-18-03
Issue Date

Additional specifications on reverse:

J. Kinder
Health Officer or Sanitarian

496-9640
Phone Number