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

WELL COMPLETION REPORT

Date(s) Oct 4, 2004 County HAMPSHIRE Permit #: DW 14-05-028

Town: _____ Area Name/Location hampshire haven lot #9 Hickory Corner Rd

Well Owner: Brian Keeven Address: 44 BRITTANY LANE

Telephone Number: 540-657-9638 STAFFORD, VA 22554

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
0-21	RED SHALE
21-45	RED SANDSTONE
45-55	LT BLUE SS (CONS)
55-62	RED SS
62-67	LT BLUE SS
67-71	LOOSE RED SS
71 126	RED SS
126 - 144	LT BLUE SS
144 - 268	RED SS
268 - 299	LT BL SS
299 - 320	RED SS

REMARKS: DRIVE SHOE

Type of Well: DW Drilling Method: Air Rotary Hmr

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

Well Depth: 320 Date Completed: 10/5/04

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 _____

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	40		
Pumping Rate (GPM)	5		
Pumping Level (Ft. Below Grade)	318		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	10		

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 _____

Pressure 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 the above 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 5, 2004

Date

PRINTED OR TYPED

_____ HEALTH DEPARTMENT

County: Hampshire

Tax Map: 32 Parcel #: 66

County Road: _____

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Name of Owner: BRIAN Keenan Installer: R.C. Kelton

Address: 44 BRITTANY LANE STAFFORD VA 22554

Property Location: HAMPSHIRE MAYLA LOT #9

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 2.4 ~~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: Jolly

Distance (in feet) of Tank to: Dwelling: 40 Private (X)/Public ( ) Water Source: 106 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: 2 Length (in feet) of Each: 92.88

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 46

Approved and Adequate Materials Used? Yes ( ) No ( ) Size Equates to: ___ Square Feet of Standard Gravel Field.

Distance (in feet) of System to: Dwelling: 160 Private (X)/Public ( ) Water Source: 115 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.

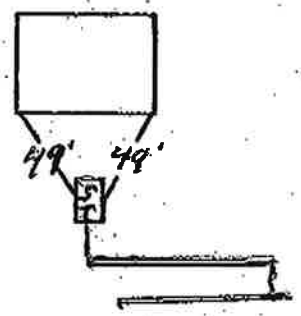
Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Not to Scale

Well

Draw Arrow toward North



Visit Date(s) 8-12-04

Final Inspection Date: 10-21-04

Sanitarian: J. Kennedy