

ST/CO USE ONLY DATE RECEIVED  MM DD YY	WAS COMPLETED MM DD YY <u>8 14 2012</u>	Health and Human Resources BUREAU FOR PUBLIC HEALTH <b>WATER WELL COMPLETION REPORT</b>	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
	PERMIT NO. DW- <u>14-13-005</u>		

<b>LOCATION OF WELL</b> Well Owner: Last Name <u>Stapleford</u> First Name <u>GARRY</u>	
Street/Road _____	County <u>HAMPSHIRE</u> Zip Code _____

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other _____	<b>AREA NAME/LOCATION:</b> <u>MALDEN FARM</u> <u>TRACT 2</u>	<b>TYPE OF WELL:</b> <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____
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WELL LOG		DRILLING METHOD	GROUTING RECORD
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PUMPED</u>
From (ft.)	To (ft.)	Hole Diameter <u>6</u> (in) Total depth <u>240</u> (ft) <b>CASINGS RECORD</b> MAIN CASING TYPE <u>DRIVE SHOE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>77</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft) <b>SCREEN RECORD</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft) <b>GRAVEL PACK RECORD</b> Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	<b>PUMP INSTALLED</b> By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No <b>ESTIMATED WELL YIELD</b> Estimated at <u>45</u> G.P.M. Static Water Level <u>160</u> (ft) *Pumping level below land surface <u>238</u> (ft) after <u>1</u> hrs. at <u>45</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests. <b>WELL HEAD COMPLETION</b> Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: _____ <b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____ <b>COMMENTS BY INSTALLER:</b> <u>SET PUMP AT 200'</u>
0	1		
1	9		
9	40		
40	59		
59	240		
177			
192			
203			
231	232		

*dirt + roots*  
*clay*  
*Brown shale*  
*Gray + Brown shale*  
*Gray shale*

*water - 8 Gpm*  
*water - 7 Gpm*  
*water - 15 Gpm*  
*water - 15 Gpm*  
*fractured Area*  
*H<sub>2</sub>O - Brown color*

If additional space is needed, use additional sheets and attach w/permit # at top.

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name B.W. SMITH WELL DRILLING WV Contractor No. 038905  
Business Registration No. 1005-5395 Master Well Driller Certification No. 574  
Master Well Driller (print) Chris Wolford  
Master Well Driller Signature Chris Wolford

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. \_\_\_\_\_  
Journeyman Well Driller (please print) \_\_\_\_\_  
Apprentice and Name (s) \_\_\_\_\_

# Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-13-06**

Name of Owner: Barry Stapleford, Bryan & Samantha Snow Installer: Walter Fields

Address: 11865 New Country Lane, Columbia, Md 21044

Property Location: McLaughlin Farm Track 2 Lot Size: 8.46 acres Acres

Type of Facility: residence Facility is: ☒ New ☐ Existing

Design Loading in gpd/# Bedrooms: 3 Source of Water: well to be

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete

Distances (in feet) of Tank to: Dwelling NA

Private ☒ Public ☐ Water Source: >100 Property Line: 60'

## ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter     In.  
Chamber Soil Absorption Trenches (x) or Bed ( )

Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )  
Evapotranspiration Trenches ( ) or Bed ( )  
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other:           

No. of Lines: 3 Length (in feet): 80's

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

Size Equates to 1200 sq ft of SGF

Distance (in feet) of System to: Dwelling    

Private (x) Public ( ) Water Source: >100 Property Line: 24'

Remarks: Home not constructed at time of inspection

GPS: N39 29 40.5 W78 36 13.9

An inspection indicates that  
The sewage disposal system  
Described above  
**DOES MEET x**

**DOES NOT MEET** ☐ or

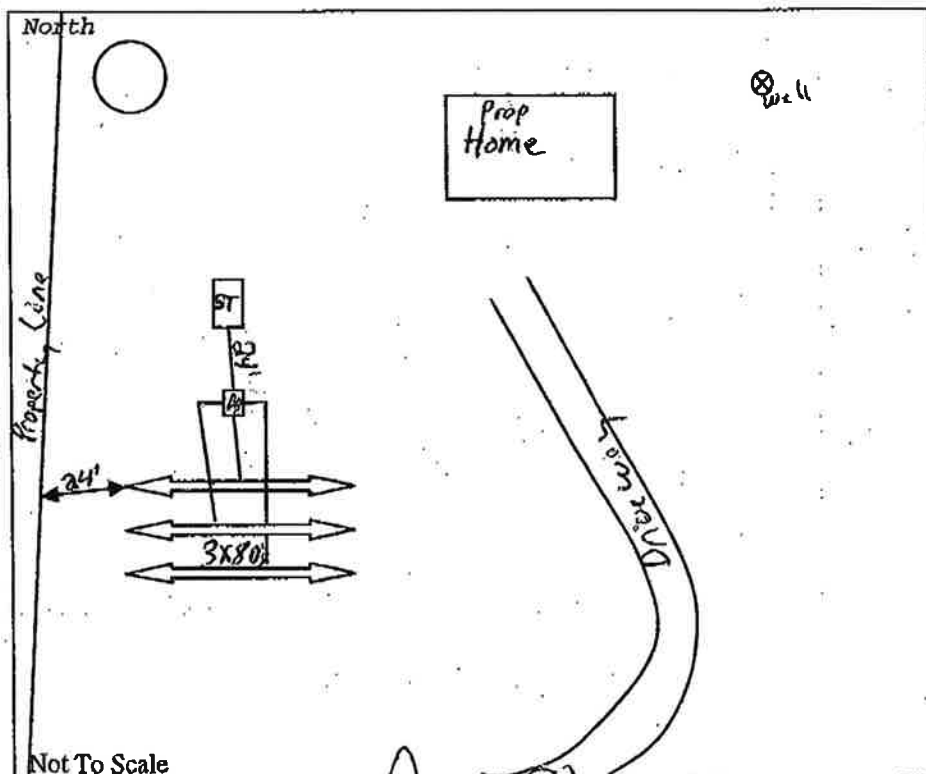
**CANNOT BE DETERMINED TO**

**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.

Visit Date(s): 8/13/2012



FINAL INSPECTION DATE: 8/13/2012

SANITARIAN: Doris H. [Signature]