

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

SW
10/

WELL COMPLETION REPORT

Date(s) 4-10-2009 County Hampshire Permit # DW-14-09-031
Town: Romney Area Name/Location Whitetail Lot #17
Well Owner: TIMOTHY MILLER/Conley Address: 300 PARK RD.
Telephone Number: 301-424-9649 ROCKVILLE, MD 20850
Well Driller: B.W. SMITH WELL DRILLING INC. 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 - 18	Sand	Type of Well: <u>Potable</u> Drilling Method: <u>Air Rotary</u>
18 - 55	Brown - Gray Sandstone	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
55 - 420'	Layers of Gray Shale - Gray Sandstone	Well Depth: <u>420'</u> Date Completed: <u>4-10-2009</u>
		CASING: Length <u>80</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		DRIVE SHAFT
		SCREEN
		<input checked="" type="checkbox"/> 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)	<u>120</u>		
Pumping Rate (GPM)	<u>5</u>		
Pumping Level (Ft. Below Grade)	<u>418</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>6</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.

214' 5 GPM

Name Chris Wolford Certification No. 574
Registered Business Name B.W. Smith Well Drilling
Signed Chris Wolford Date 4-10-2009

SW-182A
Rev. 1/01
Side A

HAMPSHIRE COUNTY DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA

180.00
x 1000
Permit

APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
A SMALL SEWAGE DISPOSAL SYSTEM

Property Owner(s) Nancy Conley
Owner's Address 300 Park road
City, State, Zip Rockville Md. 20850 Telephone: (H) 301-424-9649 (W) 301-275-0668
Location of property (be specific) LR 63.30x246 white tail Mtn.

Facility served is: ☒ New ☐ Existing Size of Lot 20.67 sq. ft. / acres Water Source: Well
Type Facility: ☒ Residence: No. of bedrooms 2 No. of individuals served 2
☐ Other None
Property Deed Recorded in Book No. 464 Page 328 Date Recorded 1/5/07
Tax District _____ County tax map 17 + 18 Parcel No. 324445
Name of subdivision White Tail Approval No. ? Section 3.2 Lot 17

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a property certified and licensed sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the Sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

Date: _____ Signature of Owner: _____

PERCOLATION TEST

Percolation Test: Test Holes #1 = _____ Minutes #2 = _____ Minutes #3 = _____ Minutes #4 = _____ Minutes
Total minutes = _____ divided by 24 = _____ average time for water to fall one inch.
Test conducted on (date) _____ using approved procedures outlined in the Design Standards.

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the design standards. In the event that the percolation rate has received previous approval in a subdivision application to the Health Department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Date: _____ Signature of Owner: _____

		FOR HEALTH DEPARTMENT USE ONLY		County _____	
Date Rec'd	_____	Water Permit	<input type="checkbox"/> Issued <input type="checkbox"/> Denied	Coordinates N	_____ W _____
Date Site Evaluation	_____	Permit No.	_____	Date Fee Paid	_____
Rec'd. From	_____	Sewage Permit	<input type="checkbox"/> Issued <input type="checkbox"/> Denied	Comments	_____
Reviewed by	_____	Permit No.	_____		_____

SW-182A
Rev. 1/01
Side B

SEWAGE DISPOSAL SYSTEM INFORMATION

Application is for a permit to: ☒ Install ☐ Modify

Check all that apply: ☒ Septic Tank ☒ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy
☐ Alternate System (attach detailed plans) ☐ Chemical/Composting Toilet ☐ Other: _____

Septic Tank: Capacity (gallons) 1000 Material Concrete Manufacturer Talon

Absorption Field: Equivalent to _____ sq. ft. of conventional gravel trench system.

☐ Trench System: No. of lines _____ Lengths _____ ft. Pipe ASTM No. _____

☐ Gravel Trench Width _____ inches; or Gravelless Pipe Diameter _____ inches.

☐ Chamber System: Manufacturer _____ No. of Chambers _____

☐ Soil Absorption Bed (Requires oversizing of bottom surface area by 30%.)

If soil absorption bed: Length _____ feet by Width _____ feet Pipe ASTM No. _____

If chamber system: Manufacturer _____ No. of Chambers _____

Distances in feet (to nearest) Septic tank to: Bldg. foundation _____ Property Line _____ Water Supply _____

Absorption field to: Bldg. foundation _____ Property Line _____ Water Supply _____

I hereby certify that the installer or modification of all parts of the sewage disposal system, including required material standard will be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Installer (Please print) Billy G. Hunt Telephone 947-7369

Business Address Rt 1 Box 16342 Paw Paw MI 49074

Installer's Certification Number 54-A-87-0270 Expiration Date Sept. 20

Dept. of Labor Contractor's License Number WU020666 Expiration Date Dec 17, 0

Date: 8-16-08 Signature of Installer: Billy G. Hunt

SKETCH

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system location of structures and property line locations. Show all structures or facilities to be served by on-site sewage system on the lot or tract.

☐ House -x- Water supply line ☐ Water Supply IIIII Trees (P) Percolation Test Site ■ Septic Tank
— Soil absorption line → Direction of ground slope _____ Property line (MH) Mobile Home

Draw all existing and proposed well locations within 200 feet of proposed sewage location

(P) ← 200 feet →

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

Permit # **ST-14-09-43**

Name of Owner: Nancy Conley Installer: Billy G. Hart
Address: 300 Park Road, Rockville, MD 20850
Property Location: White Tail Lot 17 Lot Size: 20.69 AC Acres
Type of Facility: Residence Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 2 Source of Water: Proposed Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer:
Pump Chamber gal
Distances (in feet) of Tank to: Dwelling
Private ☐ Public ☐ Water Source: Property Line: > 100'

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 ()
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other:

No. of Lines: 2 Length (in feet) of Each: 90'
Width of Trenches: 36 inches/foot 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 (X) No () Size Equates to 900 sq ft of SGF
Distance (in feet) of System to: Dwelling
Private () Public () Water Source: Property Line: > 100'
Remarks: Dwelling and well not constructed at time of inspection
GPS: N39 18 24.5 W78 45 32.2

An inspection indicates that
The sewage disposal system
Described above

DOES MEET X

DOES NOT MEET ☐ or

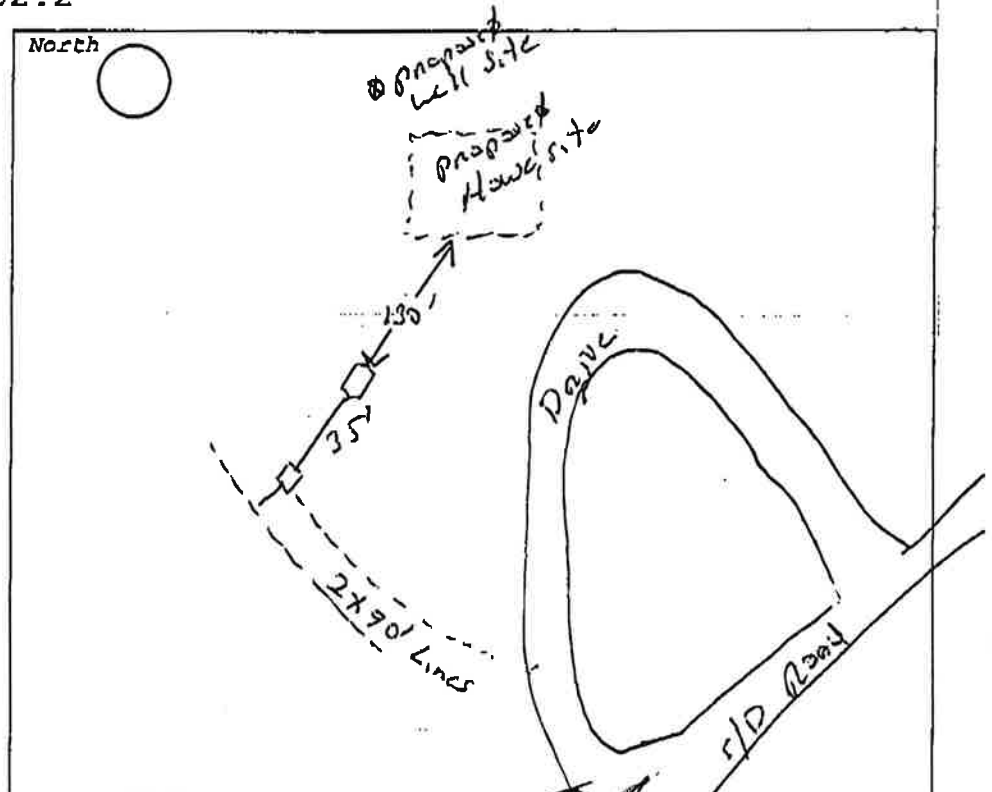
CANNOT BE DETERMINED TO

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):



FINAL INSPECTION DATE: 9/3/2008

SANITARIAN: *[Signature]*