

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

*Per 1-27-06*

## WELL COMPLETION REPORT

Date(s) 1-24-06 County Hampshire Permit #: DW1406152  
Town: Slanesville Area Name/Location Capon Mountain Retreat Lot #6  
Well Owner: Chris Livingston Address: HC 65 Box 1092  
Telephone Number: (410)320-1077 Romney WV 26757  
Well Driller: Miller Brothers Drilling LLC Address: PO Box 952  
Telephone Number: (304)822-4092 Romney WV 26757

## WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-16	Brown broken sandstone	Type of Well: <u>Drilled</u> Drilling Method: <u>Air rotary</u>
16-44	Brown shale	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>7"</u>
44-168	Blue slate	Well Depth: <u>220'</u> Date Completed: <u>1-24-06</u>
168-174	Broken sandstone	CASING: Length <u>60</u> Feet Height above ground <u>21'</u>
174-220	sandstone & blue shale	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> 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)	120		
Pumping Rate (GPM)	100		
Pumping Level (Ft. Below Grade)	218		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)			

## 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.

Bobby Allred 602  
Name Certification No.  
Miller Brothers Drilling LLC 1-24-06  
Registered Business Name  
Bobby Allred  
Signed Date

INSPECTION TO BE  
PRINTED OR TYPED

## HEALTH DEPARTMENT

Permit No.: ST-14-06-48Tax Map: 21 Parcel #: 0031ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

County Road: \_\_\_\_\_

Name of Owner: CHRISTOPHER LIVINGSTON Installer: WENDON MRADE  
 Address: 8112 ARMIGER DRIVE PASADENA MD 21122  
 Property Location: CACABON MOUNTAIN RESERVE LOT #6  
 Type of Facility: HOUSE Facility is: New (☒) Existing ( ) Lot Size: 4.43 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: JOLIS  
 Distance (in feet) of Tank to: Dwelling: 21 Private (☒) Public ( ) Water Source: \_\_\_\_\_ Property Line: 10'

## ON-SITE DISPOSAL SYSTEM

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

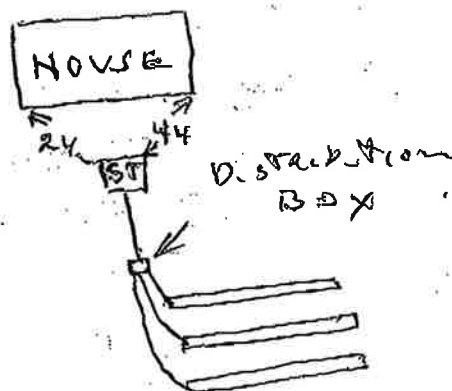
No of Lines: 3 Length (in feet) of Each: 80 , 80 , 80  
 Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches  
 If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: 1-5-6, No. of Units: 60  
 Approved and Adequate Materials Used? Yes (☒) No ( ) Size Equates to: 200 Square Feet of Standard Gravel Field.  
 Distance (in feet) of System to: Dwelling: 50 Private (☒) Public ( ) Water Source: \_\_\_\_\_ Property Line: 10  
 Remarks: \_\_\_\_\_

An inspection indicates that the sewage disposal system described above  
**DOES MEET ( ),**  
**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:

1-5-6  
No well

Not to Scale

Visit Date(s) 8-9-05  
 Final Inspection Date: 1-5-06

Sanitarian: J. L. Lumb