

WELL COMPLETION REPORT

Little Cacapon Bluffs - Lot #2

Permit #: DW-14-06-388

Date(s) 7-13-2007 County Hampshire
 Town: Slanesville Area Name/Location Little Cacapon Levels Rd. - Approx. 1 mile on Left
 Well Owner: JAMES Jansen, JR Address: 9903 DALLAS AVE
SILVER SPRING, MD 20901
 Telephone Number: 301-681-6780 Address: P.O. BOX 440
 Well Driller: B.W. SMITH WELL DRILLING, INC SPRINGFIELD, WV 26763
 Telephone Number: 304-496-9977

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 12	Red Clay	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
12 - 37	Brown shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
37 - 240	Gray shale	Well Depth: <u>240'</u> Date Completed: <u>7-13-2007</u>
		CASING: Length <u>60'</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 _____
		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)	<u>65</u>		
Pumping Rate (GPM)	<u>12</u>		
Pumping Level (Ft. Below Grade)	<u>238</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</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.

H₂O = 77' 4 GPM
148' 6 GPM
192' 2 GPM

Chris Wolford 574
 Name B.W. Smith Well Drilling Certification No.
 Registered Business Name Chris Wolford 7-13-2007
 Signed _____ Date

SS-182A 7/98

PLEASE PRINT:

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
A SMALL ON-SITE SEWAGE DISPOSAL SYSTEMProperty Owner: McElbourne Corp.Certified Installer: [Signature] Class: ☒ I ☐ IIAddress: P.O. Box 567Address: HC 60 Box 108 POINTSCapon Bridge, WV.WV 25437Phone: 4925595Phone: (home) 304-856-3825 (business) 304-856-2957Installer No.: 54-96-0320 WV Contractor's No.: WV 014468Directions to property: 1 mile on LT. Cacapon Rd. going N. Lot 2Property on left across from river.

Proposed facility to be served: (Please provide specific and detailed directions)

☐ Residence, No. of bedrooms: 2 No. of individuals served: 4☐ Other, _____Facility served is: ☒ New ☐ Existing Water Source: wellProperty deed recorded in Book No.: 393 Page(s): 589Date the property deed was recorded: 7-26-99

If lot or tract created after July 1, 1970, please refer to Subdivision box. →

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.

Subdivision name: Little Cacapon Bluffs Approval number: _____County tax map: _____ Parcel No.: 12Size of Lot: 20 square feet (acres)

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved 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 properly 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.

[Signature]
(Signature of the owner or authorized agent)

Application is herein made to: ☒ Install ☐ Modify a/an:
☒ Septic Tank ☐ Absorption Field ☐ Alternate System ☐ Other: _____

Soil percolation tests were conducted on 10-4-99 at a depth of 18 inches.

The time, in minutes, for the final 6 inch drop in each test hole is as follows:

Test Hole:	#1	#2	#3	#4	6 feet hole free of Water and solid rock:
Time:	<u>180</u>	<u>210</u>	<u>240</u>	<u>210</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Times given for each percolation test hole are to be added together to give a total number of minutes: 840
then the total shall be divided by 24 in order to give the average time for a one inch drop: 35 (minutes per inch)

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.

Signed: [Signature] on this date: 10-4-99

Reverse of form must be completed.

5-10-99-001562-014