

WV STATE DEPARTMENT OF HEALTH
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

Rec
8-26-05**WELL COMPLETION REPORT**

Date(s) 10-26-2004 County Hampshire Permit #: DW-14-04-206
Town: Augusta Area Name/Location Hickory corner sub. Lot 6
Well Owner: MAC Watts Address: Hc 78 Box 95A
Telephone Number: _____ Augusta WV 26704
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Telephone Number: 822-4786 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-37	Red shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
37-68	Light Blue sandstone	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
68-270	Layers of Red shale + sandstone	Well Depth: <u>280'</u> Date Completed: <u>10-26-2004</u>
270-280	Light Blue sandstone	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 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>75</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft Below Grade)	<u>278</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 = 210' 3 GPM
231' 30 GPM
271' 14 GPM

Name Chris Wolford Certification No. 574
B.W. Smith Well Drilling
Registered Business Name Chris Wolford
Signed _____ Date 10-26-2004

SS 177-7/96

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-04-262Tax Map: 3E Parcel #: 18

County Road: _____

County: WAMPSHIRE

Name of Owner: MINOR WATTS Installer: V. L. POOR JR
 Address: HC 28 BOX 95 AUGUSTA WV 26034
 Property Location: HICKORY CORNER LOT # 6
 Type of Facility: HOUSE Facility is: New (☒) Existing () Lot Size: 2.1 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: J. I. D.
 Distance (in feet) of Tank to: Dwelling: 30 Private (☒) Public () Water Source: 50+ Property Line: 10+
to be

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: 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: 45
 Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 900 Square Feet of Standard Gravel Field.
 Distance (in feet) of System to: Dwelling: 50 Private (☒) Public () Water Source: 100+ Property Line: 10+
to be
 Remarks: _____

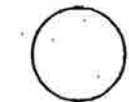
An inspection indicates that the sewage disposal system described above **DOES MEET** (☒) **DOES NOT MEET** (), **CANNOT BE DETERMINED TO MEET** () the minimum standards established by the West Virginia Bureau of Public Health.

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:

7-23-04
No well



Draw Arrow
toward North



Not to Scale

Visit Date(s) 5-13-04

Final Inspection Date: 7-23-04

Sanitarian: [Signature]