

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

SW258

Rec
1-27-05

WELL COMPLETION REPORT

Date(s) 12-17-2004 County Hampshire Permit #: DW-14-05-069
Town: Yellow Springs Area Name/Location Mt. Airy Rd. 100 yards on Left
Well Owner: Mark Dick Address: 151 Robinson Rd
Telephone Number: 540-636-7804 Frrnt Royal, VA 22430
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:
0-12	Brown shale	Set Pump Above 375'
12-50	Red shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
50-68	Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
68-400'	Gray shale	Well Depth: <u>400'</u> Date Completed: <u>12-17-2004</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 _____
		<u>DRIVE SHADE</u>
		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)	110		
Pumping Rate (GPM)	10		
Pumping Level (Ft Below Grade)	398		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	3		

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 = 138" 1 GPM
280" 1 1/2 GPM
375" 7 1/2 GPM

Chris Wolford 574
Name B.W. Smith Well Drilling Certification No.
Registered Business Name Chris Wolford 12-17-2004
Signed _____ Date

STATE OF WEST VIRGINIA

Permit No.: 26 Parcel #: 27.3

Tax Map: 26 Parcel #: 27.3

County Road: Yellow Springs, WV 2686; Jan Moul Dick 12-15-04

SS-177 7/96

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM

County: HAMPSHIRE

INSPECTION FORM

New Address: HC 87 Box 392

Installer: SELF

Name of Owner: MARK A. DICK

Address: 1st Robinson Front Royal, VA 22630

Property Location: RT 259 To Mt Airy Rd, first lot on left

Type of Facility: House Facility is: New (X) Existing () Lot Size: 3.4 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: Solid

Distance (in feet) of Tank to: Dwelling: 28 Private (X) 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 (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: 3 Length (in feet) of Each: 60, 60, 60

Width of Trenches: 20 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 (X) No () Size Equates to 900 Square Feet of Standard Gravel Field.

Distance (in feet) of System to: Dwelling: 45 Private (X) Public () Water Source: 100+ Property Line: 10+ to be

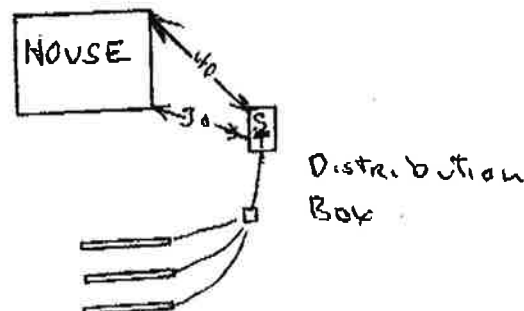
Remarks: _____

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

12-1-04
No WellDraw Arrow
toward North

Visit Date(s) 8-30-04

Final Inspection Date: 12-1-04

Sanitarian: J. K. Kanto