

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

SW258
10/01.

WELL COMPLETION REPORT

(s) 4-9-07 County HARDY Permit #: DW-16-07-015
 own: BAKER Area Name/Location EWING ESTATES LOT 12
 Well Owner: PAULETTE ROSEBORO Address: ONE STATION DR.
 Telephone Number: 301-249-7230 UPPER MARLBORO, MD 20774
 Well Driller: B.W. SMITH WELL DRILLING 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:
0-45	Brown shale	Driver's log
46-101	Hard Gray shale	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.H.</u>
101	WATER	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8" O.D.</u>
102-130	Hard Blue Rock	Well Depth: <u>340</u> Date Completed: <u>4-9-07</u>
131	WATER	CASING: Length <u>80</u> Feet Height above ground <u>1</u> Feet
132-340	Hard Blue Rock	<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>80</u>		
Pumping Rate (GPM)	<u>7</u>		
Pumping Level (Ft. Below Grade)	<u>340</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>2</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.

B. MARK SMITH

Name

B.W. SMITH WELL DRILLING

Registered Business Name

Signed

Certification No.

4-9-07

Date

5-183
Rev 8/04

West Virginia Department of Health & Human Resources
Hardy County Department of Health

Permit #: ST-16-07-018
Tax Map Name: _____
Map # _____ Parcel # _____
County Road: _____
Coordinates: N _____ W _____

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Owner: Paulette S. Roseboro

Installer: Robert M. Fansler

Address: One Station Drive

Address: 609 Upper Cove

Upper Marlboro, MD 20774

Mathias, WV 26812

You are hereby issued a permit to: ☒ install ☐ modify an on-site sewage disposal system located:

Lot 12 Ewing Estates Subdivision, Baker WV

Facility: New Home Design Flow: 3Bdrm Lot Size (ft²/acres): 8.40 Water Source: Proposed Well

Based upon review of the information on your submitted application, dated 3-2-07, and the proper installation of the herein described system, the system shall be in compliance with applicable West Virginia Sewage System Rules and Design Standards.

The sewage system shall consist of a:

☒ Septic tank - Capacity: 1000 gallons or more. Constructed of: Concrete.

☒ Soil disposal system with a minimum equivalency of 900 square feet of conventional gravel trench area.

Depth to the bottom of the trench or bed installation shall be 18-36 inches from original ground surface.

☐ Gravel system: Lengths of lines: _____, _____, _____, _____, _____ feet. Width: _____ inches.

☒ Chamber system: Number of units: 45. Lengths of lines: 60, 60, 60, _____, _____, _____ units.

Manufacturer of chamber: Infiltrator

☐ Bed system: ☐ Gravel ☐ Chamber Length: _____ feet. Width _____ feet.

☐ Other: _____

This permit is non-transferable and automatically expires 12 months after issue date.

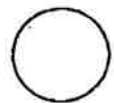
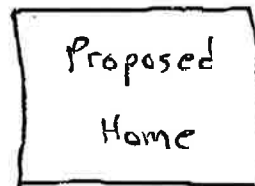
This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department 48 hours or more prior to planned inspection time.
Health Department Phone Number: 530-6355

Additional Specifications
on Reverse.

Sketch of system



Draw Arrow
Toward North