

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

SW258

WELL COMPLETION REPORT

Date(s) 5-4-99 County Hampshire Permit #: DW-14-99-096
Town: _____ Area Name/Location Mt Top Prop Lot 17
Well Owner: Bonnie Fairchild Address: 2788 Melchester Dr.
Telephone Number: 703-478-9827 Herndon Va 20171
Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Telephone Number: 304-822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-4	Soft Soil	Type of Well: <u>home</u> Drilling Method: <u>Air-Hammer</u>
5-179	hard red shale w/ layers of sandrock	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
180	Water	Well Depth: <u>340</u> Date Completed: <u>5/4/99</u>
181-340	hard gray shale	CASING: Length <u>40</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.
	210 Gph	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	150		
Pumping Rate (GPM)	3 1/2		
Pumping Level (Ft Below Grade)	320		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	5		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. (Standard)

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 001
Name B.W. Smith Well Drilling Certification No.
Registered Business Name Benjamin Mark Smith 5/4/99
Signed Date

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
**ON-SITE SEWAGE DISPOSAL SYSTEM
 INSPECTION FORM**

Permit No.: ST-14 97-111

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hampshire
 Name of Owner: Bonnie Fairchild Installer: D.J. Kidwell
 Address: 2788 Melchester Drive Herndon VA 20171
 Property Location: MV TOW ROADSIDE LOT #17
 Type of Facility: House Facility is: New () Existing () Lot Size: 20 Sq.-Ft./Acres
 Design Loading in gpd/No. Bedrooms: 2 BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: John
 Distances (in feet) of Tank to: Dwelling: 10' Private (X)/Public () Water Source: 50' Property Line: 100'
well to be

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (X), Diameter: 10 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: _____

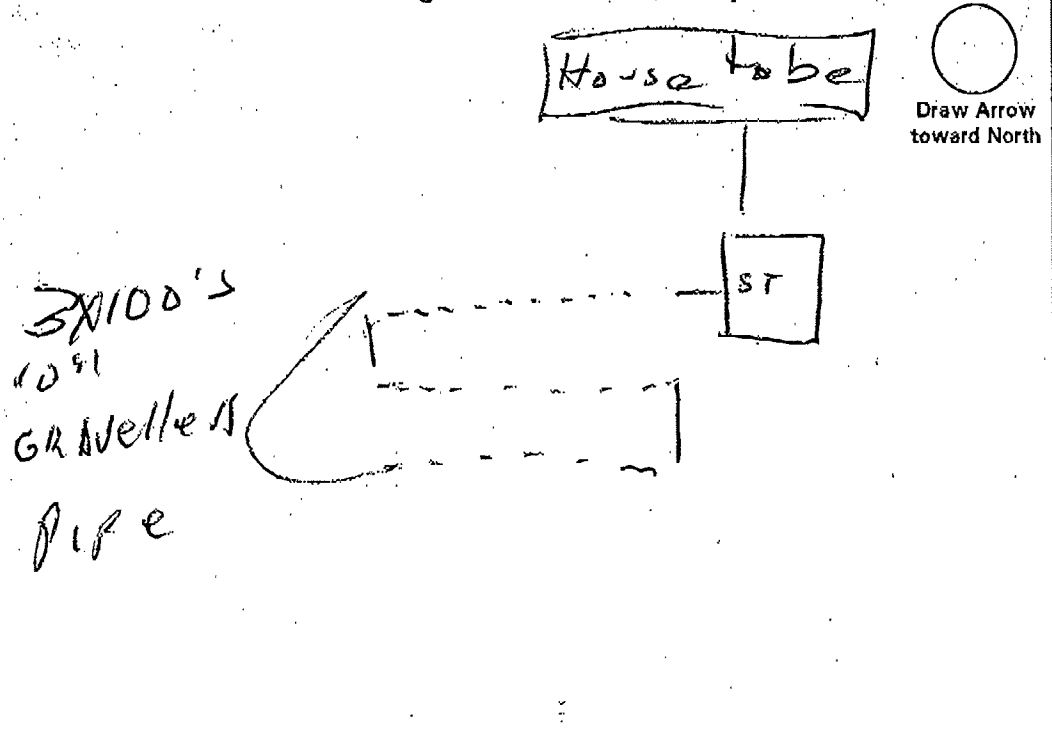
No. of Lines: 3 Length (in feet) of Each: 100, 100, 100
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
 Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 900 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 10' Private (X)/Public () Water Source: 100' Property Line: 100'
well 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:Visit Date(s): 10-8-98Final Inspection Date: 10-12-98Sanitarian: J. J. Kidwell