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

Rec 10-6-05

SW258
10/01

WELL COMPLETION REPORT

Stage coach Stop Lot 80

Date(s) 10-03-2005 County Hampshire Permit #: DW-14-06-007

Town: Capon Bridge Area Name/Location Timber MT. Rd. Buffalo Ridge Ranchettes

Well Owner: Margaret Dillsworth Address: 126 N. EUCLID AVE

Telephone Number: 304-856-3118 WINCHESTER, VA 22601

Well Driller: B. W. Smith Well Drilling Address: P.O. Box 440

Telephone Number: 496-9977 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0 - 3	Light Brown Sand + Rocks
3 - 11	Brown Sandstone
11 - 70	Layers of White, Gray,
	+ Light Brown Sandstone
70 - 320'	White Sandstone
	W/ Layers of Light Gray
	Sandstone
277-279'	Layer of Light Brown Sandstone

REMARKS:

Type of Well: D/W Drilling Method: Air Rotary

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 320' Date Completed: 10-03-2005

CASING: Length 60' Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

DRIVE SHOE

SCREEN

☒ 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)	55		
Pumping Rate (GPM)	10		
Pumping Level (Ft. Below Grade)	318		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	2		

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.

320 = 61' 10 GPM

Chris Wolford 574

Name Certification No.

B. W. Smith Well Drilling

Registered Business Name

Chris Wolford 10-03-2005

Signed Date

SS-103 7/96

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-06-275A
Tax Map _____ Parcel # _____
County Road No.: _____

Owner: MARGARET A. P. Howard
Address: 126 N. EUCLID AVE WINCHESTER, VA 22601

Certified Installer: Joe Ridenour
Address: P.O. Box 43 Delray, WV 26714

You are hereby issued a permit to: [x] install, or [ ] modify an on-site sewage disposal system located:
STAGE COACH STOP Auto Repair

Facility: House **Design Flow:** 3BR **Lot Size:** 2.156 ~~Sq. Ft./~~Acres **Water Source:** well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 2-7-06, 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: 750 gal Pump Tank Both Top Seam

[x] Septic tank - Capacity: 1000 gallons or more, Constructed of: concrete

[ ] Soil disposal system with a minimum equivalency of 1500 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 12 inches from original ground surface.

[ ] Gravel system: Lengths of lines: _____, _____, _____, _____, _____, _____ feet, Width: 12 inches.

[ ] Chamber system: Number of units: _____, Length of lines: _____, _____, _____, _____, _____ units,
Manufacturer of chamber: _____.

[ ] Bed system: [ ] Gravel, [ ] Chamber; Length: _____ feet, Width: _____ feet.

[x] Other: Curtain Drain if needed Low Pressure System
5Y20 foot lines

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

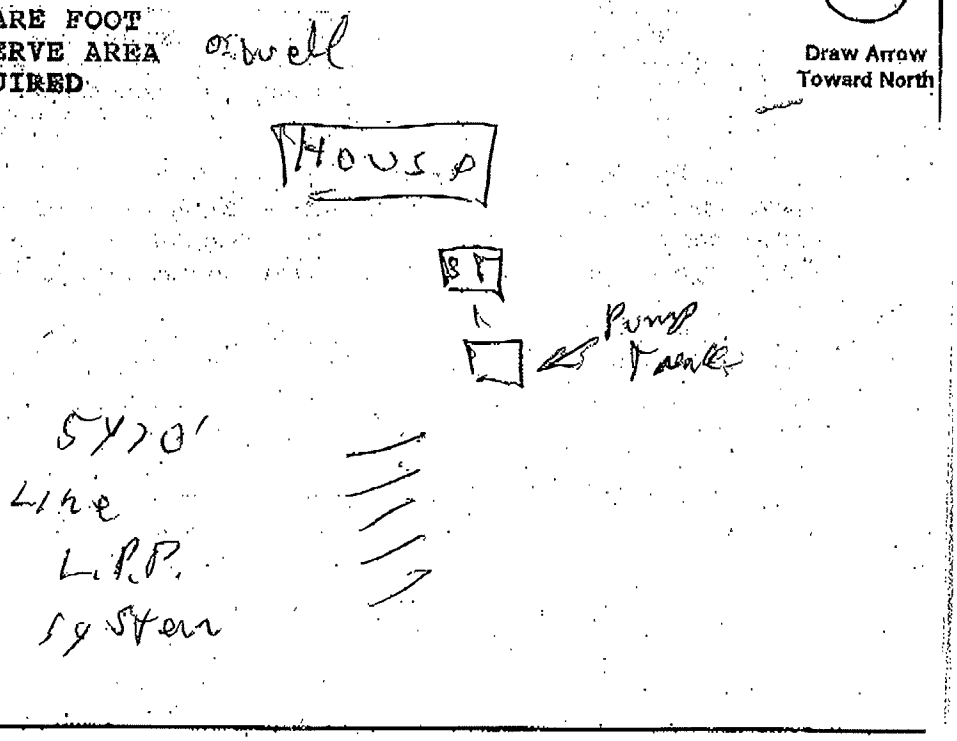
This permit is **NULL and VOID** when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

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: 72 hours or more prior to planned inspection time.

Sketch of system: NOT TO SCALE

10,000 SQUARE FOOT RESERVE AREA REQUIRED



2-9-06
Issue Date

496-9640
County Office / Phone Number

Additional specifications on reverse:

Health Officer or Sanitarian