Bureau of Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

10/01

WELL COMPLETION REPORT

Date(s) 11-30-06 County HAMPSHIRE Permit #: DW-14-07-003

Town: CAPON BRIDGE Area Name/Location FOX'S DEN - LOT 1

Well Owner: ANDREW G. SIMPSON Address: 3511 T ST., NW

WASHINGTON, DC 20007

Telephone Number: 703-548-3900

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
0-25	Clay
26-70	Yellow Shale
71-178	Hard Black Sand Rock W/ Layers of Gray Shale
179	Water 3 G.P.M.
180-400	Hard Gray Shale
	180 G.P.HR.

REMARKS: Drive Shoe

Type of Well: DOMESTIC Drilling Method: AIR D.T.H.

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

Well Depth: 400 Date Completed: 11-30-06

CASING: Length 85' Feet Height above ground _____ Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

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)	105		
Pumping Rate (GPM)	3		
Pumping Level (Ft. Below Grade)	400		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	6	EST.	

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 001

Name Certification No.

B.W. SMITH WELL DRILLING

Registered Business Name

Signed _____ Date 11-30-06

SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
_____ HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-14-0251
Tax Map: 28 Parcel #: 9
County Road: _____

County: HAMPSHIRE

Name of Owner: ANDREW S. NIXON Installer: Powell's Plumbing
Address: 111 ORONOCO ST ALEXANDRIA VA 22314
Property Location: CHRISTIAN CHURCH Road to FOXES DEN LOT #3
Type of Facility: HOUSE Facility is: New (X) Existing ( ) Lot Size: 2.0 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: PLASTIC Manufacturer: NORWESCO
Distances (in feet) of Tank to: Dwelling: _____ Private ( )/Public ( ) Water Source: _____ Property Line: 107

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: 4 Length (in feet) of Each: 68, 52, 60, 60, ____, ____, ____
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: 60
Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 1200 Square Feet of Standard Gravel Field
Distances (in feet) of System to: Dwelling: _____ Private ( )/Public ( ) Water Source: _____ Property Line: 107
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.

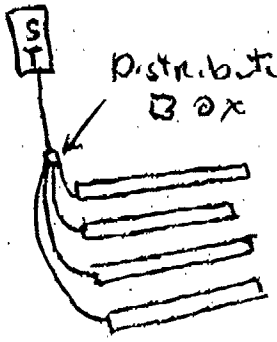
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

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:

8-23-06 Not to scale
NO WELL
NO HOUSE

Draw Arrow toward North



Visit Date(s): 8-16-6
Final Inspection Date: 8-23-6

Sanitarian: _____