

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

SW258

WELL COMPLETION REPORT

Date(s) 9/16/98 County Wampar Permit #: DW-14-99-059
Town: _____ Area Name/Location _____
Well Owner: Harold Harding Address: RR 1 Box 17
Telephone Number: 496-7585 WV 26764-9707
Well Driller: W. Mark Smith Address: WV 51 Box 2-A
Telephone Number: 932-4786 WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-25	hard brown shale	Type of Well: <u>home</u> Drilling Method: <u>dr. / manual</u>
26-80	hard gray shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 1/8"</u>
81-82	Water	Well Depth: <u>140</u> Date Completed: <u>9/16/98</u>
83-140	hard gray shale	CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
		<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	<u>1800 GPH</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>40</u>		
Pumping Rate (GPM)	<u>30</u>		
Pumping Level (Ft Below Grade)	<u>100</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

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.

W. Mark Smith "0001"
Name _____ Certification No. _____
Registered Business Name _____
Signed _____ Date _____

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

Hampshire County HEALTH DEPARTMENT

County: HAEMPSHIRE ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-1499-080

Tax Map: _____ Parcel #: _____

County Road: _____

Name of Owner: HARDING, HAROLD Installer: V. Peck Jr
 Address: RR1 Box 844A Augusta, WV 26707
 Property Location: 501 SHANNON LITE Rd 2 miles on left of Red Book #1788g.5
 Type of Facility: House Facility is: New (☒) Existing () Lot Size: 56 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Volco
 Distances (in feet) of Tank to: Dwelling: 120 Private (☒) Public () Water Source: 120 Property Line: 50'

ON-SITE DISPOSAL SYSTEM

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

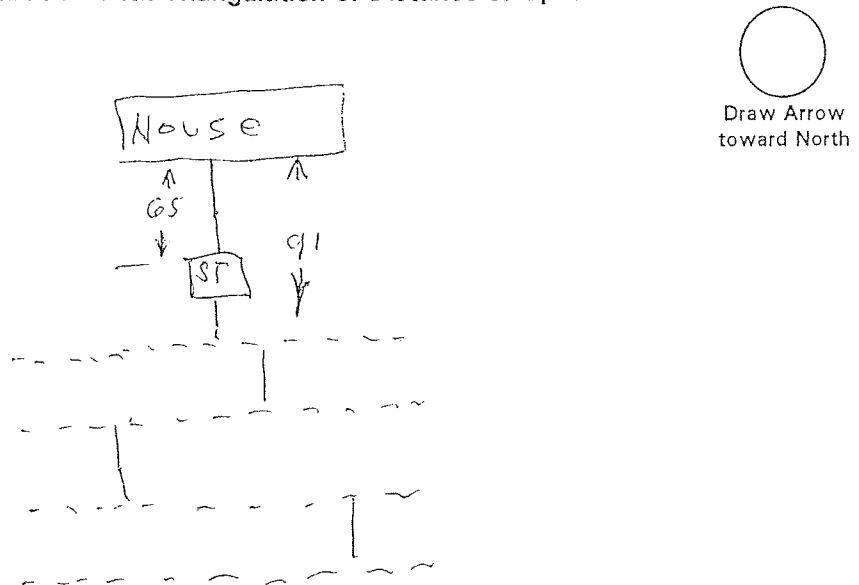
No. of Lines: 4 Length (in feet) of Each: 100, 100, 100, 100
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
 Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 456' Private (☒) Public () Water Source: 156 Property Line: 50'
 Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (✓),
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.

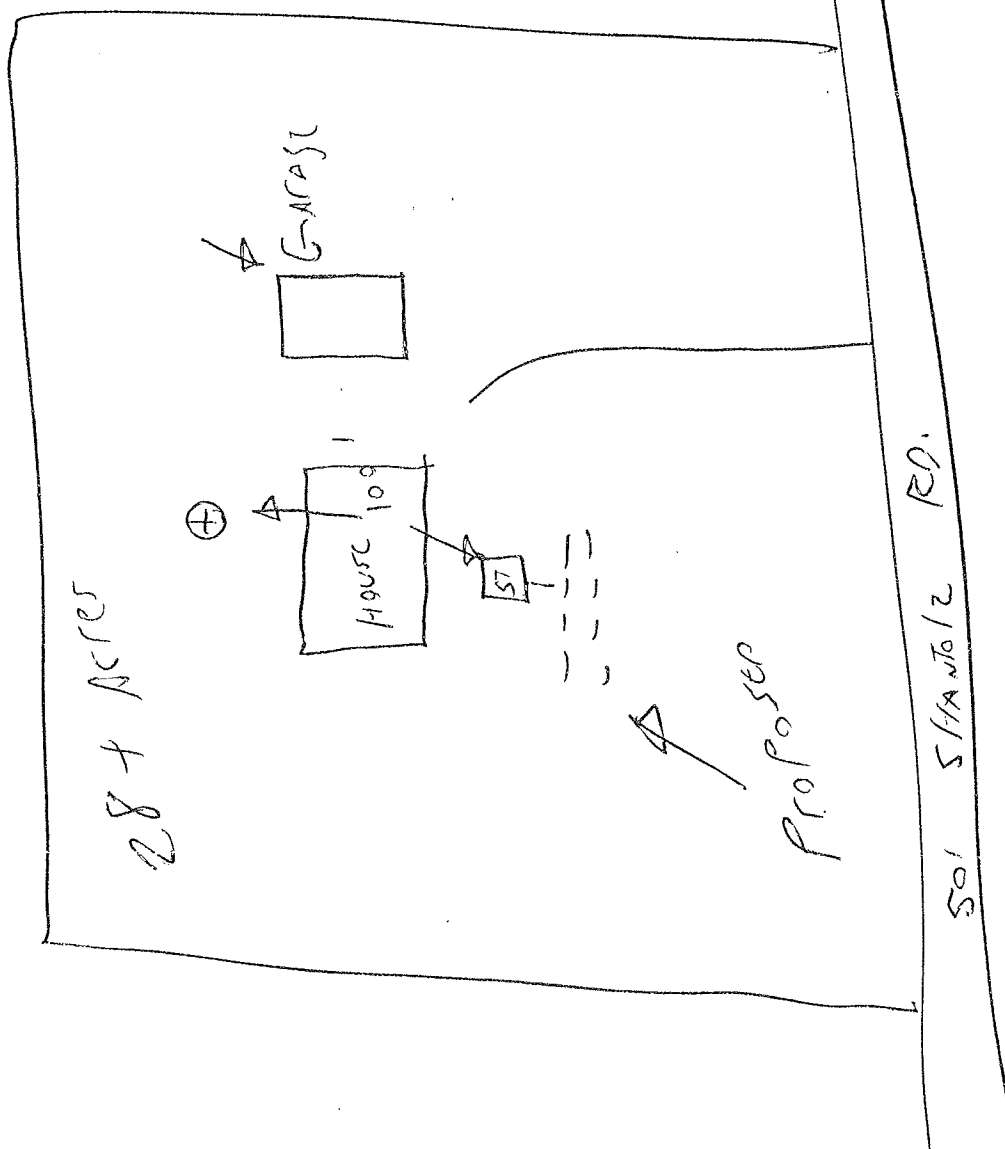
Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Visit Date(s): 9-10-98Final Inspection Date: 10-28-98Sanitarian: [Signature]

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed sewer systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Water Supply	<input checked="" type="checkbox"/> Percolation Test Site
--- Soil Absorption Line	→ Dir. Of Ground Slope	___ Property Line
Trees	<input type="checkbox"/> ST Septic Tank	<input type="checkbox"/> MH Mobile Home



FOR HEALTH DEPARTMENT USE ONLY:

COUNTY: _____

Date Received: 8-31-98

Coordinates: N _____ W _____

Date Evaluated: _____

Reviewed by: _____ Date fee paid: _____

Received From: _____

Permit: ☐ Issued ☐ Denied Permit No. _____