

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

Date(s) 8/24/13 County Wayne Permit # DW-14-03-137
Town: _____ Area Name/Location _____
Well Owner: Wayne Telephone Address: 629 Fieldstone Rd
Telephone Number: 301-879-2562 Silver Spring MD 20913
Well Driller: Bo Mark Smith Address: P.O. Box 410
Telephone Number: 304-892-4184 Springhill WV 26163

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-20	hard white sandstone	Type of Well: <u>home</u> Drilling Method: <u>air hammer</u>
	shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 7/8"</u>
21-319	hard sandstone	Well Depth: <u>300'</u> Date Completed: <u>11-1-13</u>
	shale	CASING: Length <u>50'</u> Feet Height above ground <u>1</u> Feet
320	water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
321-500	hard sandstone	Other _____ Type _____
	shale	SCREEN
		<input type="checkbox"/> None installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
	660 GALLON STORAGE	Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>60</u>		
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft. Below Grade)	<u>500</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>8</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Water Right
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.

Name Bo Mark Smith #001
Certification No. _____
Registered Business Name _____
Signed _____ Date 8/24/13

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

T-677 P0002 F-686
Permit No.: 51-14-03175
Tax Map: 6 Parcel #: 048
County Road: _____County: Wampshire ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMName of Owner: Roger & Melissa Stropshire Installer: Justin Time Etc.
Address: 629 Feldstone Rd Silver Spring, Md 20905
Property Location: Mountain Top Properties Lot # 7
Type of Facility: House Facility is: New (X) Existing () Lot Size: 2.0 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: Ju (2)
Distances (in feet) of Tank to: Dwelling: 79 Private (X)/Public () Water Source: 170 Property Line: 10+

ON-SITE DISPOSAL SYSTEM

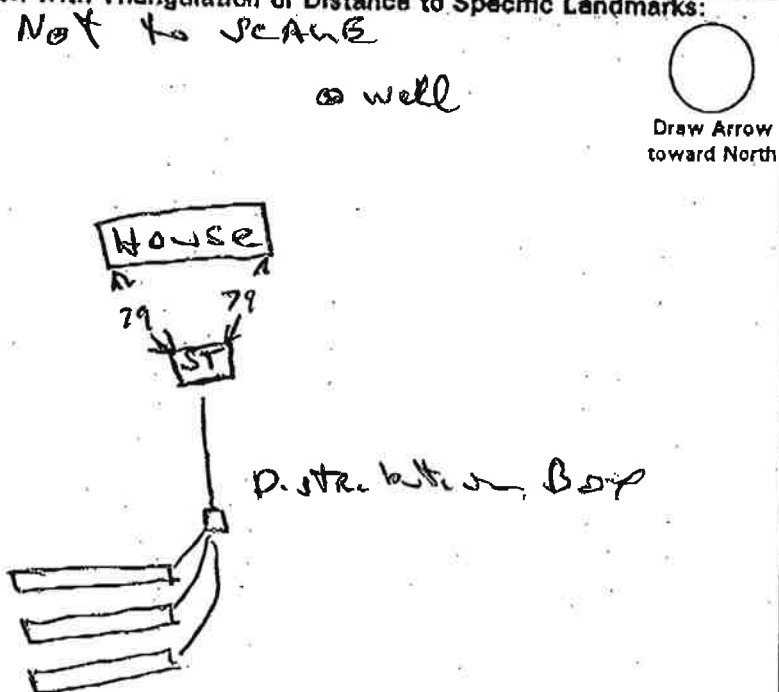
Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
Chamber Soil Absorption Trenches (X) or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____No. of Lines: 3 Length (in feet) of Each: 80, 80, 50
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: infiltrator No. of Units: 39
Approved and Adequate Materials Used? Yes () No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 60 Private (X)/Public () Water Source: 190 Property Line: 10+
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): 1-15-02Final Inspection Date: 5-1-03Sanitarian: J. K. Smith