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06-14-17 11:06 FROM-

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

Reid 9-11

SV238
1001

WELL COMPLETION REPORT

Date(s) May 7 & 8, 2008 County Hampshire Permit # DW-14-08-140
Town Slanesville Area Name/Location Slane Meadows Lot 2, Tax Map 10, Parcel 117
Well Owner: Suzanne Riley Address: P.O. Box 92
Telephone Number: (304)492-5679 Slanesville, WV 25444
Well Driller: Shirley Well Drilling, Inc. Address: 2455 Martinsburg Pike
Telephone Number: (540)662-2419 Stephenson, VA 22656

WELL LOG

DEPTH IN FEET	FORMATION: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0'-19'	Soft Red Shale	Type of Well: <u>Drilled</u> Drilling Method: <u>Rotary</u>
19'-254'	Red Sandstone	Well Diameter: <u>6-1/4"</u> Casing O.D.: _____
254'-255'	Water Zone	Well Depth: <u>300"</u> Date Completed: <u>May 8, 2008</u>
255'-268'	Red Slate	CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
268'-269'	Water Zone	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
269'-300'	Red Sandstone	Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> 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)			
Pumping Rate (GPM)	<u>6</u>		
Pumping Level (Ft. Below Grade)			
Duration of Test (In Hours)	<u>4</u>		
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Targa
Well Seat 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.

Thomas C. Shirley 497
Name Shirley Well Drilling, Inc. Certification No. _____
Registered Business Name _____
Signed Thomas C. Shirley May 15, 2008
Date _____

SW-256
Rev. 8/01
Side B

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

- ☒ House
 --- Soil Absorption Line
 |||| Trees
☒ Water Supply
 → Dir. Of Ground Slope
 [ST] Septic Tank
 (P) Percolation Test Site
 _____ Property line
 [MH] Mobile Home

House Well

Garage

Proposed Hand Pump well

Slope

ST

138'

FOR HEALTH DEPARTMENT USE ONLY

County: _____

Coordinates N _____ W _____

Date Recv'd. 4-17-08

Date Site Evaluation 4/25/08

Reviewed by TCM

Date Fee Paid _____

Received From _____

Contractor's Bond/Letter of Credit Exp. Date Verified By _____

Liability Insurance Exp. Date Verified By _____

Water Well Permit ☒ Issued ☐ Denied

Permit No. _____

Comments _____

Receipt # 221915

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-18-02-21Tax Map: 10 Parcel #: 011

County Road: _____

County: Wamp **ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM**

Name of Owner: Susanne Riley Installer: Brian K. Howell
 Address: 6533 Beechwood
 Property Location: SHAW Meadows Lot # 1, 2, 3
 Type of Facility: 40062 Facility is: New ☒ Existing () Lot Size: 60 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: J.O.I.A.
 Distances (in feet) of Tank to: Dwelling: 50' Private () / Public () Water Source: 160' Property Line: 10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ 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: 78, 80, 72

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 30 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: Int. Nator No. of Units: 40

Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 1200 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 110' Private () / Public () Water Source: 230' 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:

well

House

SF



not to scale

Draw Arrow
toward NorthVisit Date(s): 7-18-01Final Inspection Date: 10-18-01Sanitarian: J. K. K.

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

Permit No.: ST-14-02
 Tax Map 10 Parcel 10
 County Road No. 10

Owner: Susanne Riley
 Address: 6533 Beechwood Dr.
Columbia, MD

Certified Installer: D.J. Kidwell
 Address: 4560 Box 108
P.O. Box, WV 25831

You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located at SHANE MEADOWS LOT # 123

Facility: House Design Flow: 3 BR Lot Size: 60 sq. ft./Acres Water Source: Well
 BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 7-16-01, AND THE PROPOSED 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:

- ☒ 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
 Depth to the bottom of the trench or bed installation shall be: -36 inches from original ground surface
☒ Gravel system: Lengths of lines: _____ feet, Width: 36 inches
☒ Chamber system: Number of units: 40, Length of lines: 14, 13, 13 feet, Width: 36 inches
 Manufacturer of chamber: _____
☐ Bed system: ☐ Gravel, ☐ Chamber; Length: _____ feet, Width: _____ feet.
☐ Other: X THICK 80 foot lines of 36" chamber system
 Diversion Ditch if needed _____

This permit is non-transferable 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.

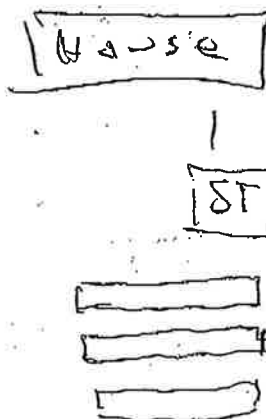
Issue Date: 7-18-01

County Office / Phone Number: 822-5111

Sketch of system:

10,000
 Square foot
 Reserve
 Area
 Required

NOT TO SCALE



Drawn
 To scale

Additional specifications
 on reverse:

J. Kidwell
 Health Officer

HEALTH DEPARTMENT APPLICATION FOR A PERMIT TO INSTALL OR MODIFY A SMALL ON-SITE SEWAGE DISPOSAL SYSTEM

Property Owner: SUSANNE RILEY
Address: 6533 Beechwood DR
Columbia, M.D. 21046
Phone: (home) _____ (business) _____

Certified Installer: 54/95/0230 Class: ☒ I ☐ II
Address: HC 60 Box 108
Poncha, W.Va 25731 Phone: 304 497-5893

Directions to property: JERSEY Mt. Rd to Springfield Grade go Right to J.R. RANNEY'S Rd approx. 2 mi. property DR. on Right Past Gate
Proposed facility to be served: _____
(Please provide specific and detailed directions)

☒ Residence, No. of bedrooms: _____ No. of individuals served: _____
☐ Other, _____

Facility served is: ☒ New ☐ Existing Water Source: _____

Property deed recorded in Book No.: 397 Page(s): 664

Date the property deed was recorded: 3/3/00

If lot or tract created after July 1, 1970, please refer to Subdivision box.

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created.

Subdivision name: SLANE MEADOWS Approval number: _____

County tax map: 10 Parcel No.: 0116

Size of Lot: 20 square feet/ 0.46 acres

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

I, the undersigned, the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed sewage system installer and for informing that installer of existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

Susanne Riley
(Signature of the owner or authorized agent)

Application is herein made to: ☒ Install ☐ Modify a/an: _____
☒ Septic Tank ☒ Absorption Field ☐ Alternate System ☐ Other: _____

Percolation tests were conducted on 6/17/01 at a depth of 24 inches.

Time, in minutes, for the final 6 inch drop in each test hole is as follows:

Test Hole:	#1	#2	#3	#4	6 feet hole free of Water and solid rock
Time:	<u>8</u>	<u>180</u>	<u>300</u>	<u>2</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

As given for each percolation test hole are to be added together to give a total number of minutes: 490
The total shall be divided by 24 in order to give the average time for a one inch drop: 20.41 (minutes per inch).

Undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the Design Standards. In the event that the percolation rate has received official approval in a subdivision application to the health department, the owner's signature shall certify the accuracy of the percolation test results for purposes of system design.

Signed: D.J. Kidwell on this date: 6/24/01

Use of form must be completed.

Home Builders Sign

101

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: CONCRETE Manufacturer: _____Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.☒ Trench System: No. of Lines: 3, Lengths: 100, 100, 100, _____, _____, _____ feet.☐ Gravel Trench Width: 24 inches, or Gravelless Pipe Diameter: _____ inches,☐ If Chamber System: Manufacturer: _____, Number of Chambers: _____.☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.If soil absorption bed, Length: 30 feet by Width: 10 feet, or if Chamber System,

Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):Septic Tank to: Building Foundation: 36 feet, Property Line: 10 feet, Water Supply: 100 feet.Absorption Field to: Building Foundation: 50 feet, Property Line: 10 feet, Water Supply: 100 feet.**Materials:**

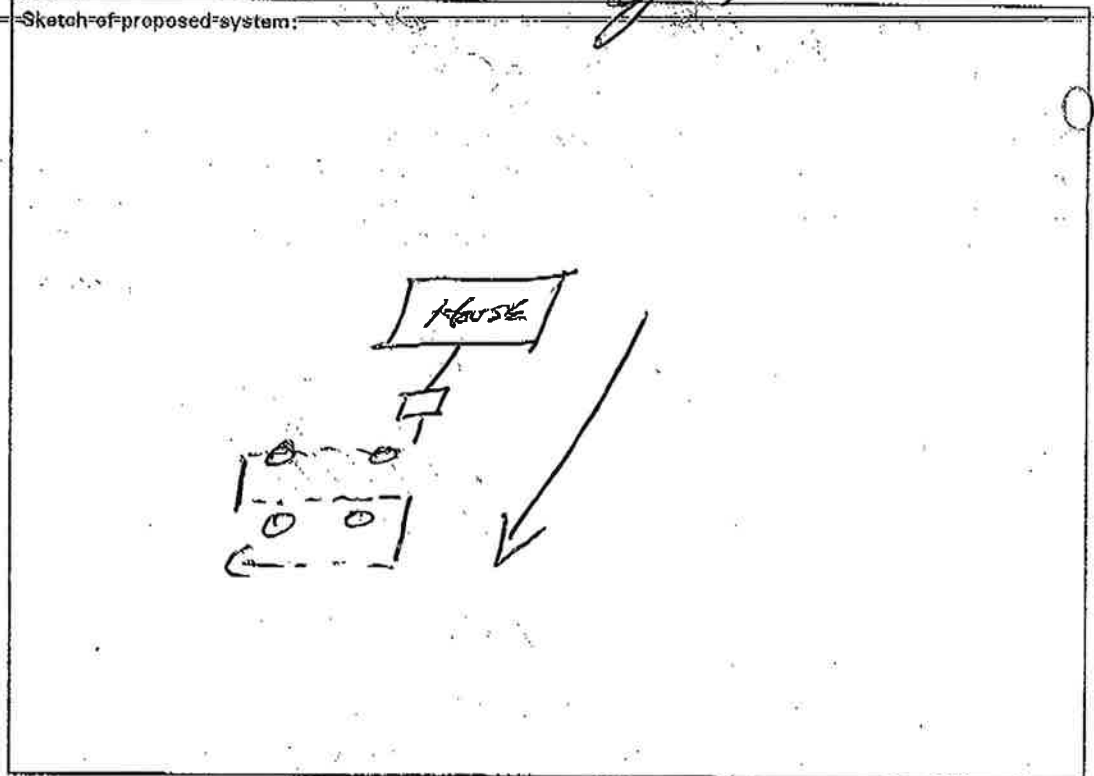
The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: R. J. K. K. K.

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
 (P) Percolation test site
 — Property line
 ☒ Residence or facility served
 [ST] Septic Tank
 --- Soil absorption lines
 IIII Trees
 ☒ Water source
 * Water supply line

Show all structures or facilities to be served by on-site sewage system on the lot or tract.

**FOR HEALTH DEPARTMENT USE ONLY:**Date Received: 6-27-01

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
A SMALL ON-SITE SEWAGE DISPOSAL SYSTEMProperty Owner: SUSANNE RILEYCertified Installer: 54/95/0230 Class: ☒ I ☐ IIAddress: 6533 Beechwood DR
Columbia, M.D. 21046Address: HC 60 Box 108
Points, W.VA 25731 Phone: 304 497-5393

Phone: (home) _____ (business) _____

Installer No.: 54/95/0230 WV Contractor's No.: WV014468Directions to property: JERSEY MT. RD to SPRINGFIELD GRADE go Right to
J.R. RANNEY RD approx 2 mi. property DR. on Right 1st GateProposed facility to be served: _____
(Please provide specific and detailed directions)☒ Residence, No. of bedrooms: 3 BR No. of individuals served: 8☐ Other, Per KidwellFacility served is: ☒ New ☐ Existing Water Source: _____Property deed recorded in Book No.: 391 Page(s): 464Date the property deed was recorded: 3/3/00

If lot or tract created after July 1, 1970, please refer to Subdivision box. →

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created.

Subdivision name: Slane Meadows Approval number: _____County tax map: 10 Parcel No.: 0116Size of Lot: 20 square feet / acres

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

(Signature of the owner or authorized agent)

Application is herein made to: ☒ Install ☐ Modify a/an:☒ Septic Tank ☒ Absorption Field ☐ Alternate System ☐ Other: _____Soil percolation tests were conducted on 6/17/01 at a depth of 24 inches.

The time, in minutes, for the final 6 inch drop in each test hole is as follows:

Test Hole:	#1	#2	#3	#4	6 feet hole free of Water and solid rock
Time:	<u>300</u>	<u>210</u>	<u>180</u>	<u>305</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Times given for each percolation test hole are to be added together to give a total number of minutes: 995, then the total shall be divided by 24 in order to give the average time for a one inch drop: 41.45 (minutes per inch).

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the Design Standards. In the event that the percolation rate has received previous approval in a subdivision application to the health department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Signed: A.J. Kidwell, on this date: 7/13/01

Reverse of form must be completed.

The proposed sewage system shall consist of:Septic Tank: Capacity: 1000 gallons Material: concrete Manufacturer: _____Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.☒ Trench System: No. of Lines: 3, Lengths: 100, 100, 100, _____ feet.☐ Gravel Trench Width: 24 inches, or Gravelless Pipe Diameter: _____ inches,☐ If Chamber System: Manufacturer: _____, Number of Chambers: _____.☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.If soil absorption bed, Length: 30 feet by Width: 10 feet, or if Chamber System,
Manufacturer: _____, Number of Chambers: _____.**Distances (to nearest):**Septic Tank to: Building Foundation: 36 feet, Property Line: 10 feet, Water Supply: 100 feet.Absorption Field to: Building Foundation: 50 feet, Property Line: 10 feet, Water Supply: 100 feet.**Materials:**

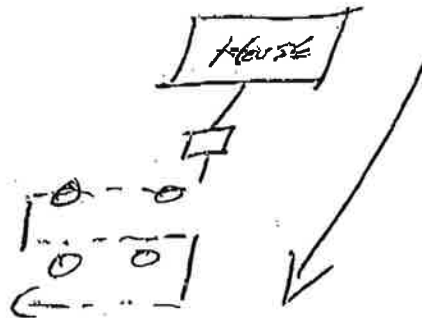
The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: *RJ. Knull*

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
- ⊙ Percolation test site
- Property line
- ⊗ Residence or facility served
- ⊠ Septic Tank
- Soil absorption lines
- |||| Trees
- ⊗ Water source
- * Water supply line

Sketch of proposed system:



Show all structures or facilities to be served by on-site sewage system on the lot or tract.

FOR HEALTH DEPARTMENT USE ONLY:Date Received: 7-16-01

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____