

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

SW251

WELL COMPLETION REPORT

Date(s) Aug 18, 1993 County Hampshire Permit #: DW 14-08-94-52
Town: Kirby Area Name/Location Kirby Post Office Turn Right-Rear of Post Office
Well Owner: Kirby American Legion Post #134 Address: Kirby, WV 26729
Telephone Number: 822-5831-William Kilmer-Comm.
Well Driller: Serry Adams Address: P.O. Box 952
Telephone Number: (304) 822-4092 Romney, WV 26157

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-8'	Gravel - Unconsolidated	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary Hammer</u>
8'	Gray Shale - Consolidated	Well Diameter: <u>6"</u> Casing O.D.: <u>6-5/8"</u>
20'	Gray Shale - Consolidated	Well Depth: <u>102</u> Date Completed: <u>Aug 18, 93</u>
	Set Casing - Cement	CASING: Length <u>21</u> Feet Height above ground <u>1</u> Feet
45'	Gray Shale - Water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
	2 GPM	Other _____ Type _____
53'	Limestone - Consolidated	
87'	Limestone - Consolidated	SCREEN
	Water 38 GPM	<input checked="" type="checkbox"/> None Installed
102'	Limestone - Consolidated	Type _____ Diameter _____
	Test Well Yield - Stopped	Slot/Gauge _____ Length _____
	Drilling Operation	Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>10</u>		
Pumping Rate (GPM)	<u>40</u>		
Pumping Level (Ft. Below Grade)	<u>90</u>		
Duration of Test (In Hours)	<u>1/2</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed w/ Pump System
Well Cap: Type, Make, Etc. Royer 6-5/8" Conduit-Type
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.

Serry W Adams 004
Name _____ Certification No. _____
A & S Well Drilling
Registered Business Name _____
Serry W Adams Aug 18, 1993
Signed _____ Date _____

State of West Virginia

Marshall

HEALTH DEPARTMENT

FOR HEALTH DEPARTMENT USE ONLY

Date Recv'd. 8-17-93

Permit #: WW _____

ST _____

Coordinates: N _____

W _____

Date Site Evaluated: _____

Reviewed By: _____

PART I

APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

OR

INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM

Instructions: Part I of this application is to be completed by the owner. State and county health department regulations, require that water wells and sewage disposal systems be located, designed and constructed in accordance with published standards.

Property Owner: Kirby Post 134, THE American Legion
(please print)

Address: H.C. 79, Box 54, Romney, W.V. 26757

Date: 8-16-93

Telephone: (home) 822-5831

(business) _____

☐ Water Well

☒ Sewage Disposal System

LOCATION OF PROPERTY (be specific) Off Augusta-Ford Hill Road right unto Grassy Lick
Road to Kirby, American Legion Building, behind Cox's Store

Name of Subdivision: _____

Section: _____

Lot: _____

Size of Lot: _____ sq.ft./acres

☐ Residence; No. of Bedrooms _____

No. of individuals served: _____

☒ Other American Legion Post

Property Deed Recorded in Book No.: _____

Page: _____

Date Recorded: _____

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

William H. Palmer
(signature of owner)

PLEASE PROCEED TO COMPLETE PARTS II AND III, IF NECESSARY

PART II
WATER WELL INFORMATION

Water well will be _____ constructed _____ modified and will be used for _____ potable water, _____ water exploration,
_____ abandoned or other purposes: _____

Well Driller: _____

Phone No.: _____

Business Address: _____

Type of Casing: _____

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments _____

Sewers & Drains (non-watertight) _____

Privies (vault) _____

Sewage Absorption Fields _____

Sewers & Drains (hydrostat. tested) _____

Barneyard/Feeding

Septic Tank _____

Sewage Holding Tank _____

Water Areas _____

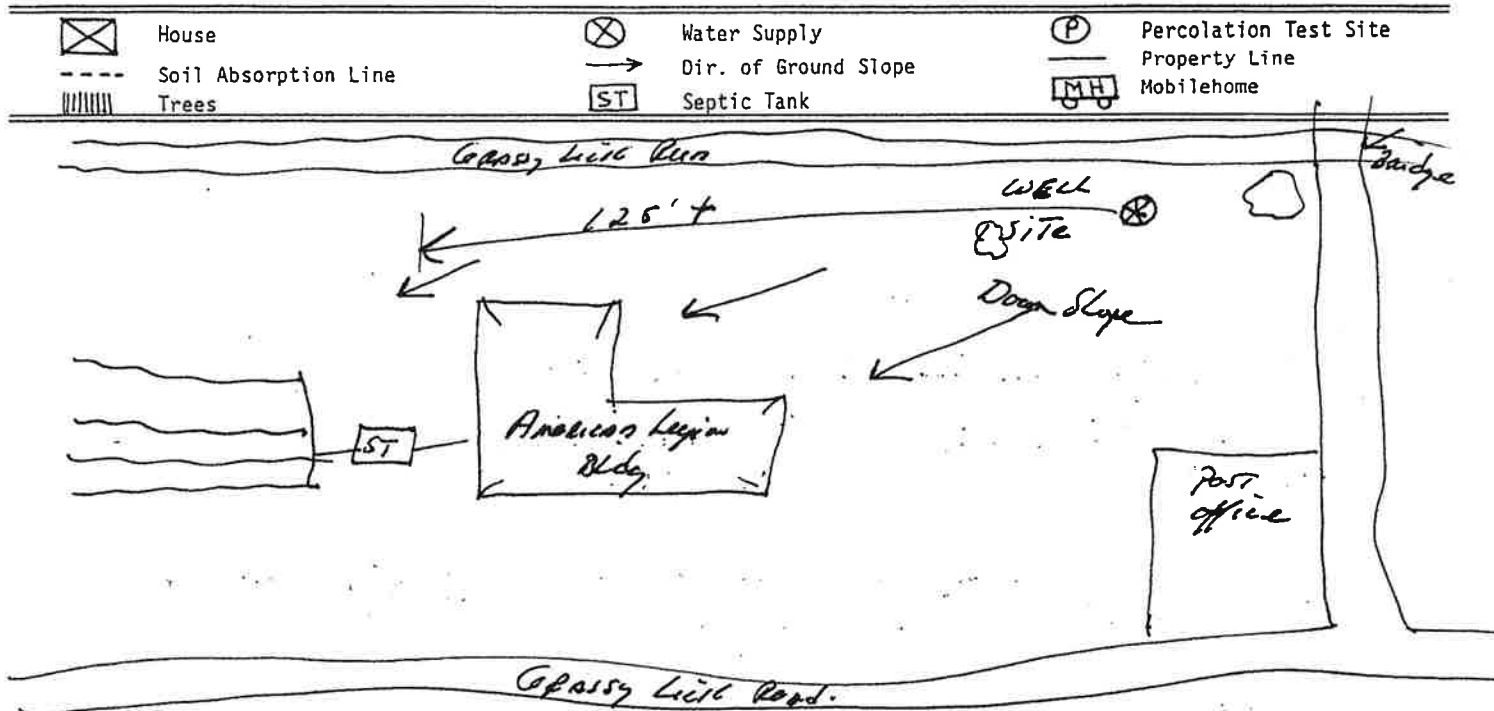
Other: _____

SIGNATURE of DRILLER _____

CERTIFICATION # _____

DATE _____

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



PART III SEWAGE DISPOSAL SYSTEM INFORMATION

☐ Install ☐ Modify

☐ Septic Tank ☐ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy

☐ Chemical/Composting Toilet ☐ Alternate System (attach detailed plans)

Other _____

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity _____ Material _____ Nearest Prop. Line _____

Absorption Field: _____ Sq. ft. with _____ lines and _____ long

Pipe ASTM No. _____ Nearest Property Line _____

Type of Water Supply: _____ Area Suitable for Absorption Field: _____ Sq. ft.

Six-foot hole free of water or solid rock? ☐ Yes ☐ No

PERCOLATION TEST:

TEST HOLE: #1 #2 #3 #4

 _____ minutes _____ minutes _____ minutes _____ minutes

Total minutes _____, divided by 24 = _____ average time for water to fall one inch.

Test done on _____ (date) using approved procedures outlined in the Design Standards.

Signed: _____

Signature of Installer

Certification No.

Date



WEST VIRGINIA DEPARTMENT OF HEALTH

PERMIT



**SUGGEST 100 FEET OF CASING AND GROUT

OWNER: Kirby American Legion Post #134 and DRILLER: Jerry W. Adamsare hereby issued a permit to construct **
(Construct, Modify or Abandon) a well locatedat Grassy Lick Rd. to Kirby Post Office, turn right then to rear of Post Office (American Legion Building)

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date Issued 8-9-93

Issuing Officer

Sanitarian
TitleExpires 8-9-94Hampshire
County Health DepartmentPermit No. DW-14-08-94-52This permit is not transferable and any change of information submitted in application dated August 5, 1993 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-94-164
Name of Owner Kirby American Legion Post 134
Address HC 79 Box 84, Romney, WV
Property Address Kirby, behind Cox's store

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served American Legion Bldg. No. Water Closets
Lot Size 1/2 ^{acre} sq. ft. Area suitable for sewage disposal installation sq. ft.
Source of Water Supply well No. Lavatories
No. Bedrooms No. Showers or Tubs No. Baths
No. Garbage Grinders No. Automatic Washers

SEPTIC TANK

Material precast Length x Width x Depth = cubic feet
Liquid Depth ft. Liquid Capacity 2000 ^{2 x 1000} gal.
Distance to: Dwelling 15' Water Supply 125' Nearest Property Line 10'

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 Inches
Trench Depth 22-24 Inches Total Absorption area in Trench Bottom 1200 sq. ft.
Diameter of Drain Line 10 Inches Type Filter Media
No. of Drain Lines 4 Depth Filter Media Under Drain Line Inches
Length of Each Line 100, 100, 100, 100 ft. Depth Filter Media Over Drain Line in
Distance of Disposal Field to: (a) Dwelling 45'
(b) Water Supply 150' + (c) Nearest Property Line 0 - easement signed

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

10-19-93
Date

[Signature]
Sanitarian

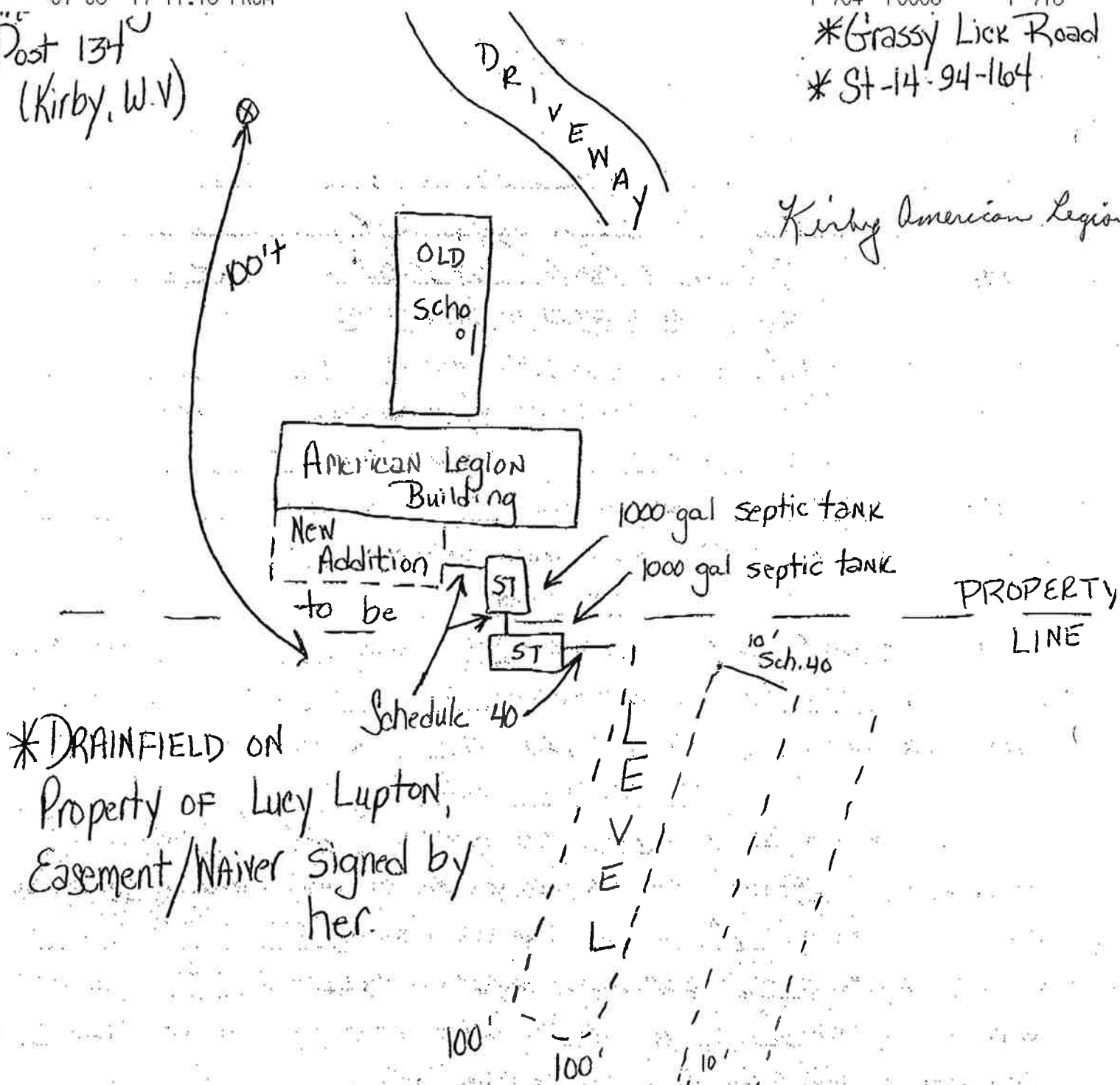
SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

Post 134
(Kirby, W.V)

*Grassy Lick Road
*St-14-94-164

Kirby American Legion



- * LINES 1 and 2 level with each other
- * ALL LINES LEVEL to 2 inches
- * System Installed October 12, 1993.

Installer
Calvin Davis
54-83-124