

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

Rec. 2-21-01

SWZ

# WELL COMPLETION REPORT

Deer Ridge, Lot 32

Date(s) 2/6/01 County Hampshire Permit #: DW-14-01-100

Town: \_\_\_\_\_ Area Name/Location \_\_\_\_\_

Well Owner: William Jungblood Address: HC 34 Box 19-B  
856-3434 Bloomery WV 26817

Telephone Number: \_\_\_\_\_

Well Driller: B. Tara Smith Address: HC 86 Box 2-A  
822-4784 Springfield WV 26763

Telephone Number: \_\_\_\_\_

## WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-12	Clay	Type of Well: <u>Home</u> Drilling Method: <u>Air-Hammer</u>
13-18	hard brown slate	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
19-40	hard gray shale	Well Depth: <u>220</u> Date Completed: <u>2/6/01</u>
41-	Water	CASING: Length <u>30</u> Feet Height above ground <u>1</u> Feet
42-169	hard gray shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
170-	Water	Other _____ Type _____
71-220	hard gray shale	SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____
	360 GPH	

### PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	20		
Pumping Rate (GPM)	6		
Pumping Level (Ft Below Grade)	20		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1		

## 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.

B. Mark Smith		#081
Name	B.W. Smith Well Drilling	Certification No.
Registered Business Name	B. Mark Smith	2/6/01
Signed		Date

INSPECTION TO BE  
PRINTED OR TYPED

## HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORMCounty: Hampshire

Name of Owner: William Youngblood Installer: D. ADAMS  
 Address: HC 34 Box 198 Blomery WV 26817  
 Property Location: Deer Ridge Estates Parcel # 32  
 Type of Facility: House Facility is: New ☒ Existing ( ) Lot Size: 2.34 Sq. Ft./Acr.  
 Design Loading in gpd/No. Bedrooms: 2 BR Source of Water Supply: Well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Valin  
 Distances (in feet) of Tank to: Dwelling: 20' Private ☒ Public ( ) Water Source: 120' Property Line: 20'

## 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: 84, 84, 72  
 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: 40  
 Approved and Adequate Materials Used? Yes ☒ No ( ) Size Equates to: 1254 Square Feet of Standard Gravel Fill  
 Distances (in feet) of System to: Dwelling: 30' Private ( ) Public ( ) Water Source: 130' Property Line: 50'

Remarks: \_\_\_\_\_

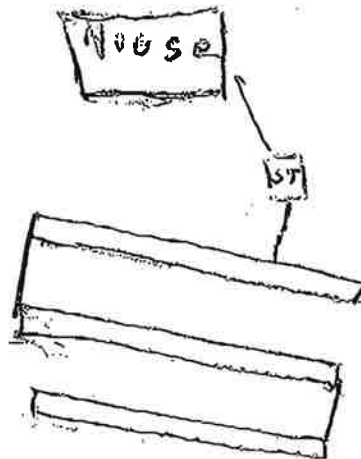
An inspection indicates that the sewage disposal system described above  
**DOES MEET ( )**  
**DOES NOT MEET ( )**  
**CANNOT BE DETERMINED TO MEET ( )** the minimum standards established by the West Virginia Bureau of Public Health.

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:

Well

Draw Arrow  
toward North

Not to Scale

Visit Date(s): 10-18-00  
 Final Inspection Date: 2-27-01

Sanitarian: J. Z. Anderson