

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

WELL COMPLETION REPORT

Date(s) 9-16-00 County Hampshire Permit #: DW-14-00-3316
Town: Beaumont Area Name/Location _____
Well Owner: James D. Bennett III Address: 2004 Bennett Point Rd
Queensdown MD 21658
Telephone Number: _____
Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Springfield WV 26763
Telephone Number: 304-822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-22	soft red shale	Type of Well: <u>Home</u> Drilling Method: <u>Air-Hammer</u>
23-309	hard sandrock w/ layers red shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
310-	water	Well Depth: <u>360'</u> Date Completed: <u>9/16/00</u>
311-360	hard gray sandrock	CASING: Length <u>40'</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	900 Gph	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	95		
Pumping Rate (GPM)	15		
Pumping Level (Ft Below Grade)	330		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1 1/2		

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 #001
 Name Certification No.
 B.W. Smith Well Drilling
 Registered Business Name
 Benjamin Mark Smith 9/16/08
 Signed Date

PRINTED OR TYPED

W. A. R. H. I. R. E.

HEALTH DEPARTMENT

County: Alameda

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Tax Map: _____ Parcel #: _____

County Road: _____

Name of Owner: Melbarrac Corp

Installer: D.J. Kiddrell

Address: P.O. Box 567 Cypre Bridge WV 26211

Property Location: 144th Memorial Highway

Type of Facility: House Facility Is: New (☒ New ☐ Existing () Lot Size: 20 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: Jolco

Distances (in feet) of Tank to: Dwelling: 10 ft Private (☒) Public (☐) Water Source: SD 12 Property Line: 100 ft
to be to be

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (A), 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: 3 Length (in feet) of Each: 100, 100, 100, _____, _____, _____, _____

Width of Trenches: 14 inches/feet Depth to Bottom of Field: 36 inches

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

Approved and Adequate Materials Used? Yes (☒) No (☐) Size Equates to: 900 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 10 Private (☒)/Public (☐) Water Source: 100 Property Line: 120

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.

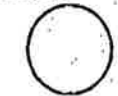
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

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:

Not to Scale

7-7-00
NO Nouse
No well



**Draw Arrow
toward North**

Visit Date(s): 3-2-00

Final Inspection Date: 7-7-00

Sanitarian: