

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPEDMineral County HEALTH DEPARTMENTPermit No.: ST-024-10-014Tax Map: 38 Parcel #: 001800000County: MineralON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County Road: _____

Name of Owner: Thomas & Kathy Barnes Installer: Dave AdamsAddress: HC 86 Box 15-2, Springfield, WV 26763Property Location: Rt 46 to Fort Ashby, go through light to Duns Run Rd, to Dennison Hollow Rd, 200' from endType of Facility: Residence Facility is: New (☒) Existing () Lot Size: 207- Sq. Ft./Acres 1.5Design Loading in gpd/No. Bedrooms: 3 BRs Source of Water Supply: Drunk well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: SolinDistances (in feet) of Tank to: Dwelling: 25' Private (☒) Public () Water Source: 100+ Property Line: 100+

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: 80, 80, 80Width of Trenches: 36" inches/feet Depth to Bottom of Field: 28" inches

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

Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: 45 Private (☒) Public () Water Source: 100+ Property Line: 100+Remarks: Installed w/ D-Box on concrete pad w/ speed levelersN=39° 28' 56.5" W=78° 43' 13.2" (869' Eto)

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:

See attached drawing.Visit Date(s): 3-31-2010Final Inspection Date: 3-31-2010Sanitarian: [Signature]

Thomas & Kathy Barnes

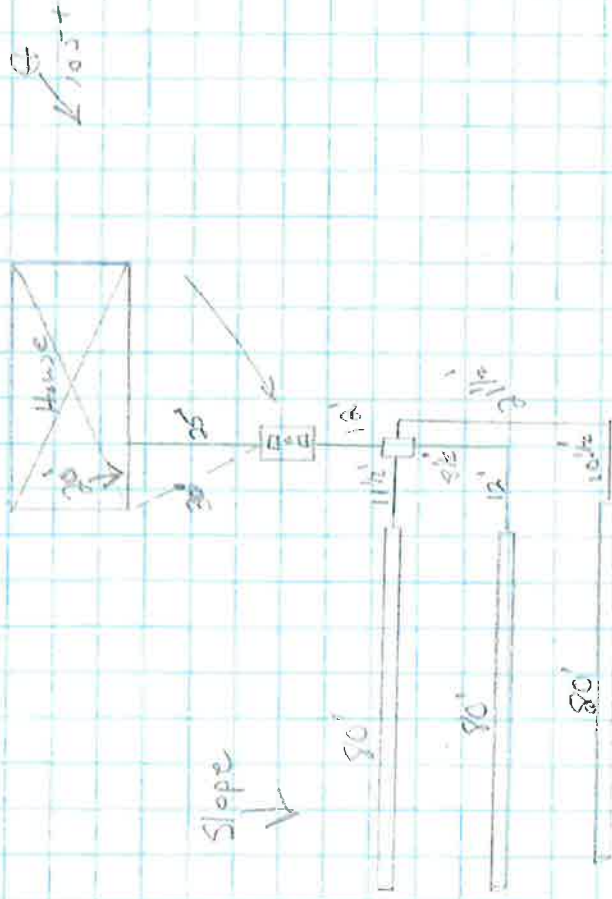
ST-029-10-014

N = 39° 28' 56.5"

W = 78° 43' 13.9"

Elev = 869'

Final Date = 3-31-10



Rev 3/08

ST/CO USE ONLY
DATE RECEIVEDMM DD YY
_____DATE OF PUMP
INSTALLATIONMM DD YY
4 21 10WATER WELL PERMIT
NO.

DW-029-10-019

STATE OF
WEST VIRGINIA
WATER WELL
PUMP
INSTALLATION
REPORT

FORM SW-262

THIS REPORT MUST BE
SUBMITTED WITHIN 30 DAYS
AFTER INSTALLATION IS
COMPLETEDFILL IN THIS FORM
COMPLETELY
PLEASE PRINT OR TYPE

PUMP INSTALLATION LOCATION

Owner: LAST NAME BARNES

FIRST NAME THOMAS + KATHLEEN

STREET/ROAD DENNISON HOLLOW

COUNTY MINERAL

ZIP CODE

AREA NAME/LOCATION:

DENNISON HOLLOW RD.

WATER SYSTEM USE: ☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial ☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory ☐ Other

PUMPING EQUIPMENT

Type Pump: ☒ Submersible ☐ Jet☐ Other (specify) _____

Pump Manufacturer: Gould

Pump Model: 76515

INSTALLATION DETAILS (CONT.)

Pitless: ☒ Pitless Adapter ☐ Pitless Unit

Pitless Manufacturer: American Gramby

Pitless Model: PT 800

Method of Cutting Hole in Casing for

Pitless: Hole Saw

Storage Tank Model: _____

Check Valves Locations: at Pump, 200, 400, outside Pitless

Well Disinfected: ☒ Yes ☐ No

By Whom: installer

INSTALLATION DETAILS

Well Diameter 6 inches

Well Depth 600 (Ft)

Static Water Level (from surface): 94 (Ft)

Depth of pump: 580 (Ft)

Riser Pipe: Material Poly Pipe

Pressure Rating 250 (psi)

COMMENTS BY INSTALLER

Pressure Tank was supplied + installed By Home Owner

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Pump Equipment Installed by :

Property Owner Name (Print) _____

Owner Signature _____

Pump Installation Test Passed on 1/1/10

Company Name Blue Smith well Drilling

WV Contractor No. 038905

Business Franchise Number

Master Well Driller Certification No. _____

or Pump Installer Certification No. 628

Master Well Driller (print) _____

Master Well Driller Signature _____

Pump Installer (print) Jan Meyer

Pump Installer Signature Jan Meyer

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.

Journeyman Well Driller Certification No. _____

Journeyman Well Driller (please print) _____

Apprentice Name(s) _____

Received 5/13/10

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>12 07 09</u> PERMIT NO. DW- <u>027-10-019</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE						
LOCATION OF WELL Well Owner: Last Name <u>Barnes</u> First Name <u>B. THOMAS & KATHLEEN</u> Street/Road <u>DENNISON HOLLOW</u> County <u>Mineral</u> Zip Code _____									
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other _____		AREA NAME/LOCATION: <u>Dennison Hollow Rd.</u>	TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____						
WELL LOG		DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____ Hole Diameter <u>6</u> (in) Total depth <u>600</u> (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PRESSURE</u>						
Depth <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">From (ft.)</th> <th style="width:50%;">To (ft.)</th> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">60</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">600</td> </tr> </table>	From (ft.)	To (ft.)	0	60	60	600	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM). <u>Brown shale</u> <u>Layers of</u> <u>Gray & Dark Gray shale</u> <u>Maybe Around</u> <u>120' Trickle of</u> <u>WATER</u> <u>20 Gal./Hour</u>		CASINGS RECORD MAIN CASING TYPE <u>DRIVE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>SHOE</u> <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>80</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)
From (ft.)	To (ft.)								
0	60								
60	600								
		SCREEN RECORD <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>1/3</u> G.P.M. Static Water Level <u>97</u> (ft) *Pumping level below land surface <u>597</u> (ft) after <u>1</u> hrs. at <u>1/3</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.						
		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: _____ VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____						
I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.			COMMENTS BY INSTALLER: <u>20 Gal./Hour</u> <u>480 Gal./Day</u>						
Company Name <u>BW SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1005-5345</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Chris Wolford</u> Master Well Driller Signature <u>Chris Wolford</u>									
SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.) Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____									

Received 1-25-10