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

3-17-98

WELL COMPLETION REPORT

Date(s) 3-16-98 County Hampshire Permit #: DW-14-98-145

Town: _____ Area Name/Location _____

Well Owner: Gary W. Potter - Carol McKee Address: HC 60 Box 119

Telephone Number: 496-7958 Slanesville WV 25437

Well Driller: B. Mark Smith Address: HC 86 Box 2-A

Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-40	Soft brown Shale
41-84	hard gray Shale
85-	Water
86-104	hard gray Shale
105	Water
106-117	hard gray Shale
118-	Water
119-145	hard gray Shale
	900 Gph.

REMARKS:

Type of Well: home Drilling Method: Air- Hammer

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 145' Date Completed: 3-16-98

CASING: Length 63 Feet Height above ground 1 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☑ 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)	57		
Pumping Rate (GPM)	15		
Pumping Level (Ft Below Grade)	125		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1/4		

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 3-16-98
Signed Date

SEPTIC TANK SPECIFICATION FORM

HAMPSHIRE COUNTY HEALTH DEPARTMENT INSTALLATION PERMIT NO. ST-14-98-242

NAME OF OWNER Carol Pottle (McKee)

ADDRESS HC 60 Box 119 Points WV 25437

PROPERTY ADDRESS McKee Hollow Rd. 1.50 2 miles on McKee

DESCRIPTION & NUMBER OF UNITS SERVED

TYPE FACILITY SERVED ~~home~~ trailer LOT SIZE 5 ACRES/SQ.FT.

SOURCE OF WATER SUPPLY well NO. BEDROOMS 3

NO. GARBAGE GRINDERS 0 NO. AUTOMATIC WASHERS one

SEPTIC TANK

MATERIAL precast concrete LIQUID CAPACITY 1000 GALLONS

DISTANCE TO: DWELLING 10' WATER SUPPLY 100' NEAREST PROPERTY LINE 100'

SOIL ABSORPTION SYSTEM

TYPE DRAIN LINE MATERIAL Gravelless DIAMETER OF DRAIN LINE 10 INCHES

TRENCH WIDTH 36" INCHES TRENCH DEPTH 24 INCHES

NO. OF DRAIN LINES 4 LENGTH OF EACH LINE 100, 100, 100, 100, ____, FT.

TOTAL ABSORPTION AREA IN TRENCH BOTTOM 1200 SQ.FT.

TYPE FILTER MEDIA backfill TONAGE —

DEPTH FILTER MEDIA UNDER DRAIN LINE — INCHES

DEPTH FILTER MEDIA OVER DRAIN LINE — INCHES

DISTANCH OF DISPOSAL FIELD TO: (A) DWELLING 30'

(B) WATER SUPPLY 100+ (C) NEAREST PROPERTY LINE 100+

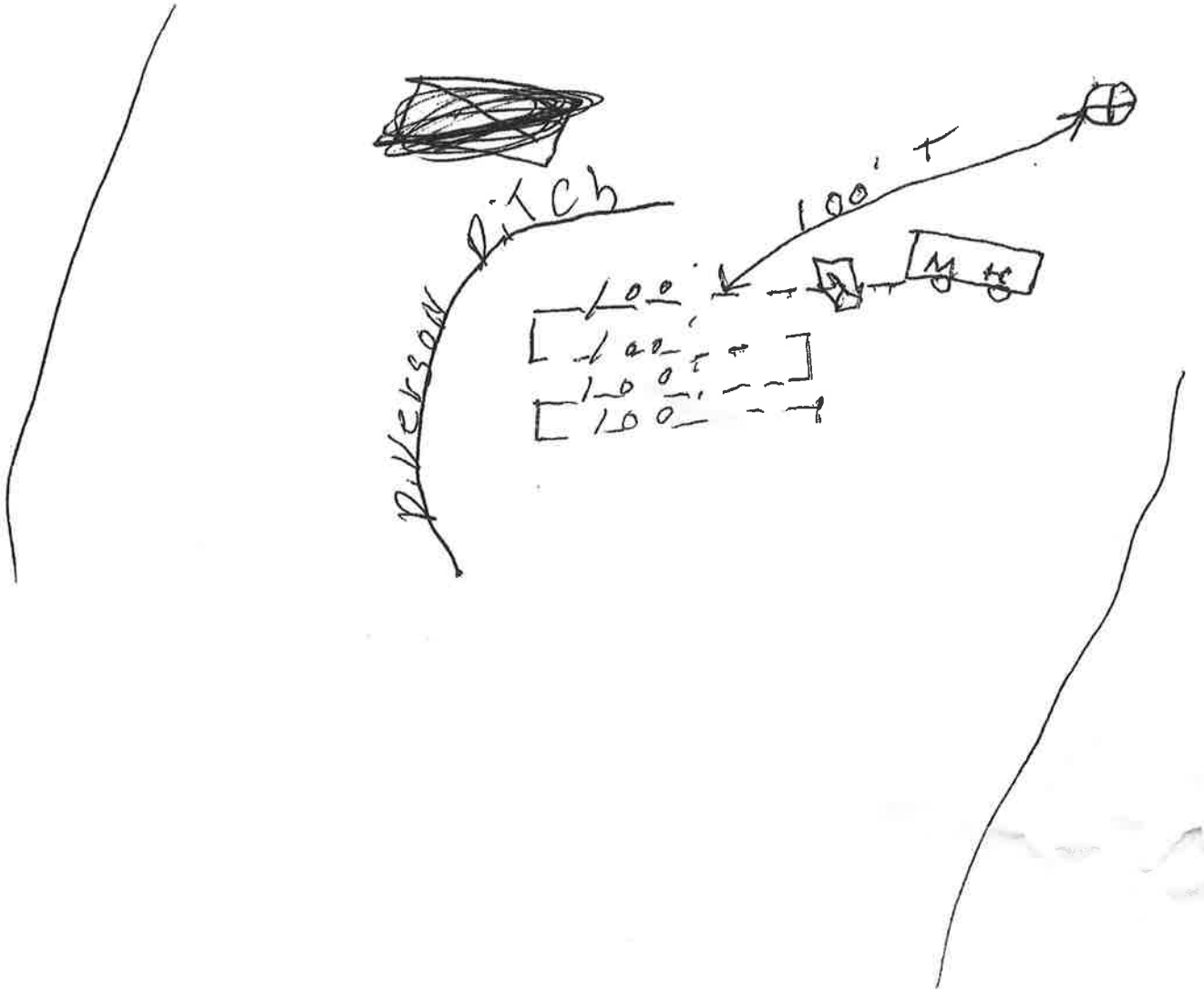
3/31/98
DATE

J. K. Kidwell
INSTALLER (SIGNATURE)

Reviewed by
5-13-98

54-95-0230
CERTIFICATION NUMBER

SKETCH OF SYSTEM TO BE DRAWN ON BACK
(PLEASE NOTE TRANSIT READINGS)


ditch
100'
100'
100'
100'
100'

55-183
Rev. 3/79

SMALL SEWAGE DISPOSAL INSTALLATION PERMIT

ST-14-98-242

To: Carol Potter (McKee) Address: HC60 Box 119 Points, WV25437

You are hereby issued a permit to install a small sewage disposal system consisting of a Septic tank + drainfield and located at McKee Hollow Rd, go 2 mi on McKee Hollow turn Right

This small sewage disposal system shall meet the following specifications:

1. Septic Tank
   a. Shall be made of precast concrete and not less than 1000 gallon capacity.
2. Soil-Absorption System
   a. Shall consist of ~~3~~ 4 distribution lines 4" in diameter.
   b. Each distribution line shall be 100 100 100 100 feet in length
   c. Each trench shall be 24 inch width with ZERO slope on trench bottom and ZERO slope on each distribution line.
   d. No trench shall be more than 24 inches deep.
   e. Total soil-absorption area in trench bottoms shall be 1200 sq. ft.
   f. Filter material shall be gravel and not greater than 1/2 - 2 1/2 inches in diameter.
   g. Filter material under each line shall be not less than 6 inches deep and not less than 2 inches over each distribution line.
   h. Filter material shall be covered with paper prior to backfilling.
   i. Trenches shall be backfilled at least 6" above ground surface to provide for settling of backfill.

1-10" gravity flush pipe

3. Other Small Sewage or Excreta Disposal Systems (Name the type system to be used, then use back of sheet to describe the details of the system.)
   A diversion ditch is needed at this location due to water influence.
4. Special Requirements
   a. Small sewage and excreta disposal systems shall be located at least 10 ft. from any property line and a minimum of 20 ft. from any stream or roadside cut.
   b. Septic tanks shall be located at least 10 ft. and excreta disposal systems a minimum of 20 ft. from building foundation.
   c. Septic tanks shall be located a minimum of 50 ft. and soil-absorption systems and excreta disposal systems a minimum of 100 ft. from any ground water supply or cistern.
5. This permit is not transferable and automatically expires 12 months after date of issue.
6. The applicant or his agent must notify this department, phone 822-5111 at least 72 hours before the system is ready for inspection.
7. All small sewage and excreta disposal systems must be inspected and approved prior to being covered with earth or otherwise put into service. Any applicable system or part thereof covered before being inspected shall be uncovered at the direction of the SANITARIAN.
8. This permit is NULL AND VOID when official inspection reveals conditions are different than those stipulated in this permit or if facts later become known that a health hazard would result by the installation of this system.

3-19-98
Date of Issue

HAMPSHIRE COUNTY HEALTH DEPT.
86 N. HIGH STREET
ROMNEY, W.VA. 26757

Health Department

David Dunbar
Name

Sanitarian
Title

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: Precast 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: ____ inches, or Gravelless Pipe Diameter: 10 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: _____ feet by Width: _____ feet, or if Chamber System,

Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):

Septic Tank to: Building Foundation: 10 feet, Property Line: 40 feet, Water Supply: 100 feet.

Absorption Field to: Building Foundation: 30 feet, Property Line: 60 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.

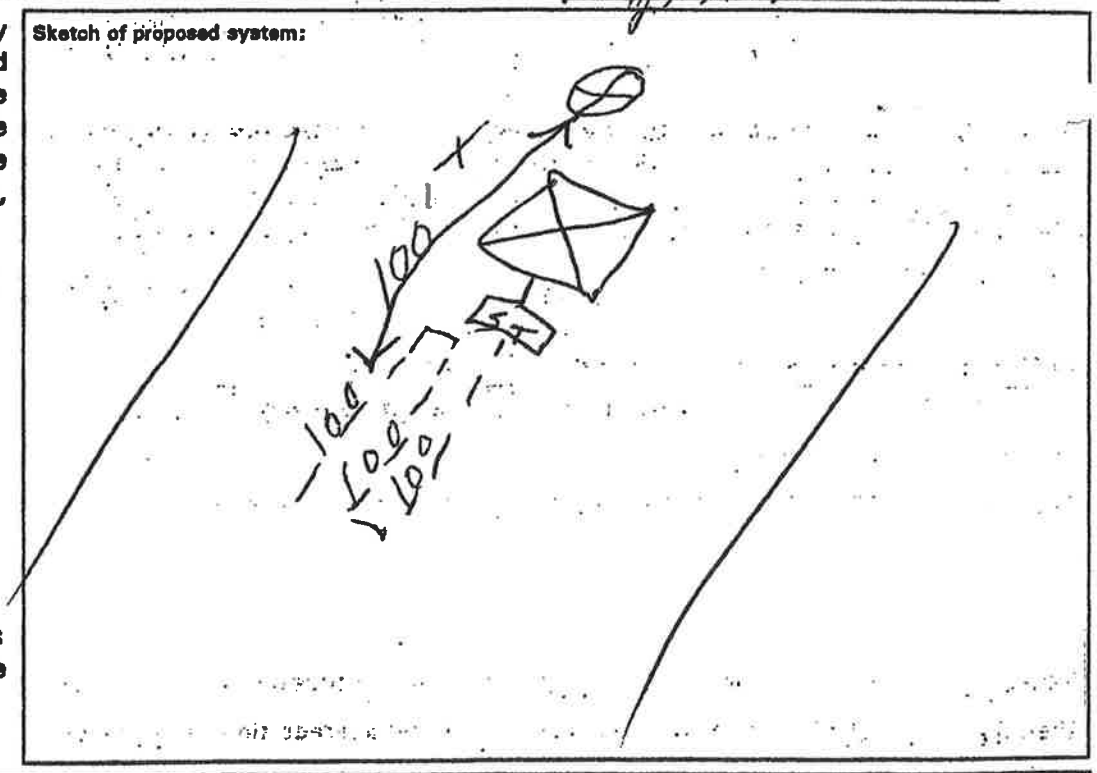
Signature of Certified Installer or Owner-Installer: D. J. Kidwell

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
- Trees
- Water source
- Water supply line

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

Sketch of proposed system:



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 3-18-98

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____