

WV Department of Health and Human Resources  
Bureau of Public Health  
Office of Environmental Health Services  
ENVIRONMENTAL ENGINEERING DIVISION

SW258  
10/01

WELL COMPLETION REPORT

Date(s) 5-06-2005 County Hardy Permit #: DW/605018  
Town: McNeil Area Name/Location Ashton Woods sub, Lot # 173  
Well Owner: James Russell Address: 22070 Shore Drive  
Telephone Number: 302-629-7497 Seaford, DE 19973  
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440  
Telephone Number: 822-4706 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 3	Red Clay + dirt	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
3 - 10	Red shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 1/8"</u>
10 - 40	Layers of Red + Brown shale	Well Depth: <u>300'</u> Date Completed: <u>5-06-2005</u>
40 - 44	Gray shale	CASING: Length <u>80'</u> Feet Height above ground <u>1</u> Feet
44 - 51	Red shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
51 - 75	Gray shale	Other _____ Type _____
75 - 95	Red shale	SCREEN
95 - 99	Brown shale seam	<input type="checkbox"/> None Installed
99 - 100	Layers of Gray + Red shale	Type _____ Diameter _____
100 - 300	Gray sandstone + some Red sandstone Layers	Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>95'</u>		
Pumping Rate (GPM)	<u>25'</u>		
Pumping Level (Ft. Below Grade)	<u>298</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
Well Cap: Type, Make, Etc. \_\_\_\_\_  
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.

H<sub>2</sub>O = 113' 1 GPM  
157' 6 GPM  
214' 18 GPM

Name Chris Wilford Certification No. 574  
B.W. Smith Well Drilling  
Registered Business Name Chris Wilford  
Signed \_\_\_\_\_ Date 5-06-2005

## STATE OF WEST VIRGINIA

INSPECTION TO BE  
PRINTED OR TYPED

HARDY County HEALTH DEPARTMENT  
ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

Permit No.: ST-16-05-044

Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_

County Road: \_\_\_\_\_

County: HARDY

Name of Owner: James Russell Installer: Billy Hart  
Address: 22070 Shore Drive, Seaford Delaware 19973  
Property Location: LOT 173 ASHTON WOODS, McNEIL WD  
Type of Facility: HOME Facility is: New ☒ Existing ( ) Lot Size: 20.4 Sq. Ft. Acres  
Design Loading in gpd/No. Bedrooms: 3 Bdrn Source of Water Supply: Proposed Well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: Jolin  
Distances (in feet) of Tank to: Dwelling: 10 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: 60' . 60' . 60' . . . . .  
Width of Trenches: 18-36 inches/feet Depth to Bottom of Field: 18-36 inches  
If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: INFILTRATOR No. of Units: 45  
Approved and Adequate Materials Used? Yes ☒ No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.  
Distances (in feet) of System to: Dwelling: 20' Private ☒ Public ( ) Water Source: 100' Property Line: 100'  
Remarks: DISTANCES MARKED ARE TO CLEANOUT, HOUSE WAS NOT LOCATED YET.

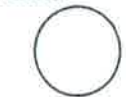
An inspection indicates that the sewage disposal system described above  
**DOES MEET ☒.**  
**DOES NOT MEET ( ),**  
**CANNOT BE DETERMINED TO MEET ( )** the minimum standards established by the West Virginia Bureau of Public Health.

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:

39° 10' 26.974 N Tank Coordinates  
78° 50' 46.923 W



Draw Arrow  
toward North

Visit Date(s): 4-19-05Final Inspection Date: 4-21-05Sanitarian: William Durr, Sanita

# SEWAGE DISPOSAL SYSTEM INFORMATION

Application is for a permit to: ☒ Install ☐ Modify  
Check all that apply: ☒ Septic Tank ☒ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy  
☐ Alternate System (attach detailed plans) ☐ Chemical/Composting Toilet ☐ Other: \_\_\_\_\_

Septic Tank: Capacity (gallons) 1000 Material Concrete Manufacturer John  
Absorption Field: Equivalent to \_\_\_\_\_ sq.ft. of conventional gravel trench system.

☐ Trench System: No. of lines \_\_\_\_\_ Lengths \_\_\_\_\_ ft. Pipe ASTM No. \_\_\_\_\_

☐ Gravel Trench Width \_\_\_\_\_ inches; or Gravelless Pipe Diameter \_\_\_\_\_ inches.

☒ Chamber System: Manufacturer 3-60 No. of Chambers 45

☐ Soil Absorption Bed (Requires oversizing of bottom surface area by 30%.)

If soil absorption bed: Length \_\_\_\_\_ feet by Width \_\_\_\_\_ feet Pipe ASTM No. \_\_\_\_\_

If chamber system: Manufacturer \_\_\_\_\_ No. of Chambers \_\_\_\_\_

Distances in feet (to nearest) Septic tank to Bldg. foundation \_\_\_\_\_ Property line \_\_\_\_\_ Water supply \_\_\_\_\_

Absorption field to: Bldg. foundation \_\_\_\_\_ Property line \_\_\_\_\_ Water supply \_\_\_\_\_

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Installer (please print) Billy G Hart Telephone 1-304-947-7369

Business Address RT1 Box 163AL Paw Paw WV 25434

Installer's Certification Number 54-A-87-0270 Expiration Date Nov 05

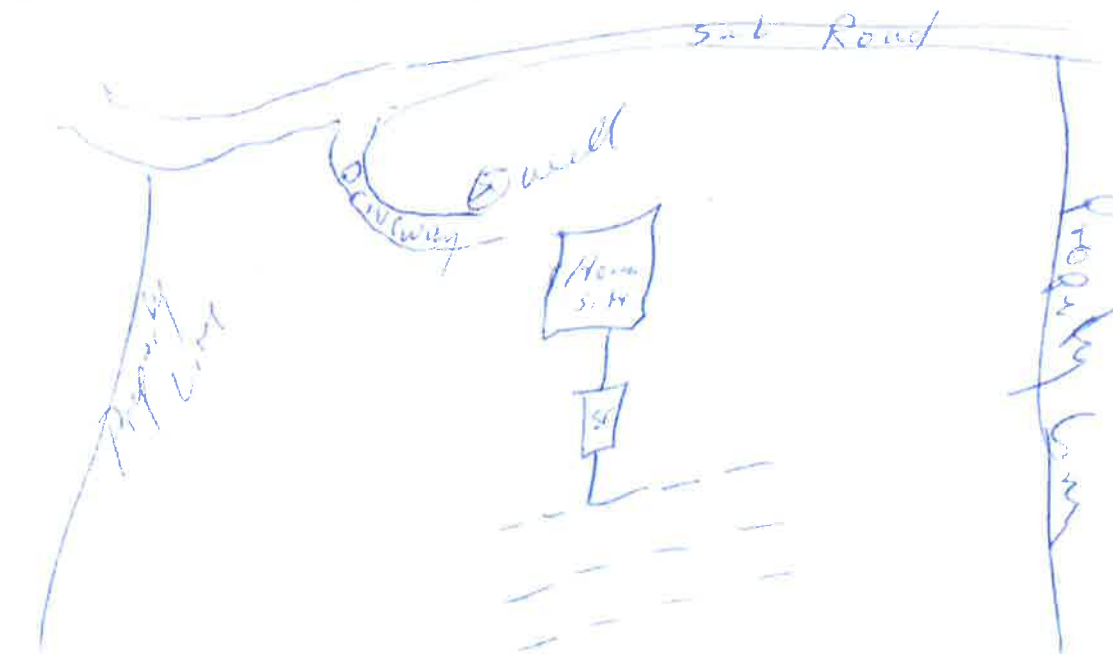
Dept. of Labor Contractor's License No. WV020666 Exp. Date Sept 04 Issued to Sept 05

Date: 5-13-05 Signature of Installer: Billy A Hart

## SKETCH

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

☒ House ☒ Water supply line ☒ Water Supply ||||| Trees (P) Percolation test site [ST] Septic tank  
----- Soil absorption line → Direction of ground slope \_\_\_\_\_ Property line [MH] Mobile Home



Proposed  
Home

