

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

WELL COMPLETION REPORT

Date(s) 5-22-98 County Hampshire Permit #: DW-14-98-180
 Town: _____ Area Name/Location The Crossings Ph 6 Lot 209
 Well Owner: Gerard & Jane C. Cummings Address: 343 Ottomwood Dr.
Winchester Va 22603
 Telephone Number: 540-678-1780
 Well Driller: B. Mark Smith Address: HC 84 Box 2-A
Springfield Wv 26763
 Telephone Number: 304-822-4784

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-5	Clay	Type of Well: <u>home</u> Drilling Method: <u>air-Hammer</u>
6-16	Brown shale	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
17-101	hard gray shale	Well Depth: <u>405</u> Date Completed: <u>5-22-98</u>
102-	water	CASING: Length <u>28</u> Feet Height above ground <u>1</u> Feet
103-405	hard gray shale	<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.
	<u>75 bph.</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>84</u>		
Pumping Rate (GPM)	<u>1.25</u>		
Pumping Level (Ft. Below Grade)	<u>385</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>12</u>		

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.

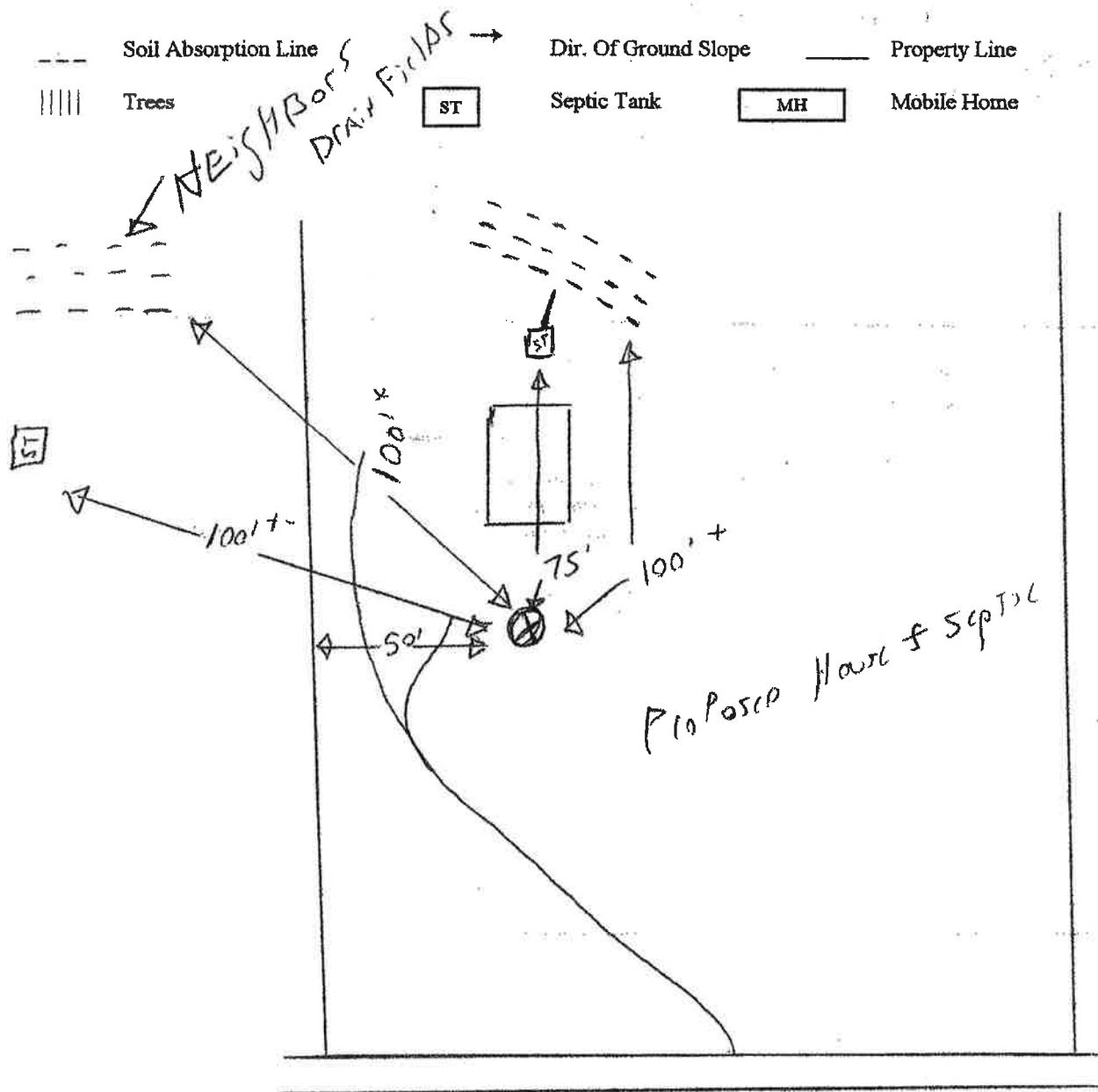
I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Rec. 5-29-98

B. Mark Smith # 001
 Name B. Mark Smith Well Drilling Certification No. _____
 Registered Business Name Benjamin Mark Smith Date 5-22-98
 Signed _____ Date _____

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other which can be a possible source of contamination for the water supply.

☒ House ☒ Water Supply ☒ Percolation Test Site
 --- Soil Absorption Line → Dir. Of Ground Slope --- Property Line
 |||| Trees ☐ ST Septic Tank ☐ MH Mobile Home



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 4-6-98

Date Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____

SS 177 7/96

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire County HEALTH DEPARTMENTON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-98-031

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hampshire

Name of Owner: Grady & June Cummings Installer: S. Pence-maker
 Address: P.O. Box 165 N. Greenville, FL 32588
 Property Location: Crossings Lot # 209
 Type of Facility: House Facility is: New ☒ Existing () Lot Size: 4.4 ~~Sq~~ Acres
 Design Loading in gpd/No. Bedrooms: 3 Bedroom Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Jw/len
 Distances (in feet) of Tank to: Dwelling: 12' Private (☒) Public () Water Source: 50' Property Line: 50'

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: _____

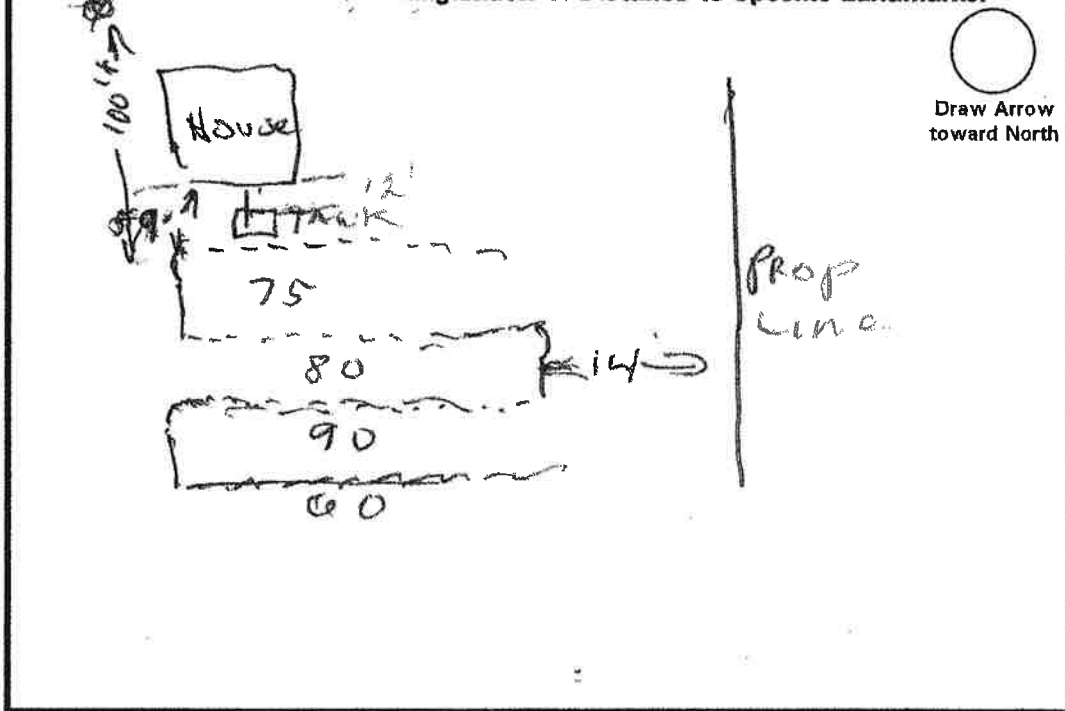
No. of Lines: 4 Length (in feet) of Each: 75, 80, 90, 60
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____ No. of Units: _____
 Approved and Adequate Materials Used? Yes () No () Size Equates to: 915 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 59' Private (☒) Public () Water Source: 100' Property Line: 14'
 marks: _____

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:



Visit Date(s): _____

Final Inspection Date: 5-21-98Sanitarian: John K. R. S.