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

SW258

WELL COMPLETION REPORT

Date(s) 7/27/98 County Hampshire Permit #: DW-14-99-001

Town: _____ Area Name/Location Rebel Hill Lot 6

Well Owner: Charles Conrad Address: HC 71 Box 35F
Augusta WV 26704

Telephone Number: _____

Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Springfield WV 26763

Telephone Number: 822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-40	Soft yellow Shale
41-99	hard gray Shale
101	Water
101-139	hard red Shale
140	water
141-160	hard gray

REMARKS:

Type of Well: ~~Frame~~ home Drilling Method: Air-Hammer

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

Well Depth: 160' Date Completed: 7/27/98

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)	70		
Pumping Rate (GPM)	40		
Pumping Level (Ft Below Grade)	130		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	0		

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 7/27/98
Signed Date

SS 177 7/96
INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire Co HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-14-99-005
Tax Map: _____ Parcel #: _____
County Road: _____

County: HAMPSHIRE

Rebel Hill

Name of Owner: CHARLES CONRAD Installer: D. Adams
Address: RC 21 BOX 35F Augusta, WV
Property Location: _____
Type of Facility : _____ Facility is: New (✓) Existing ( ) Lot Size: _____ Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material : Concrete Manufacturer: Jalco
Distances (in feet) of Tank to: Dwelling: _____ Private ( )/Public ( ) Water Source: well Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed (✓) Gravelless Pipe ( ), Diameter: ____ Inches
Chamber Soil Absorption Trenches (✓) or Bed ( ) 36" Hi Capacity
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

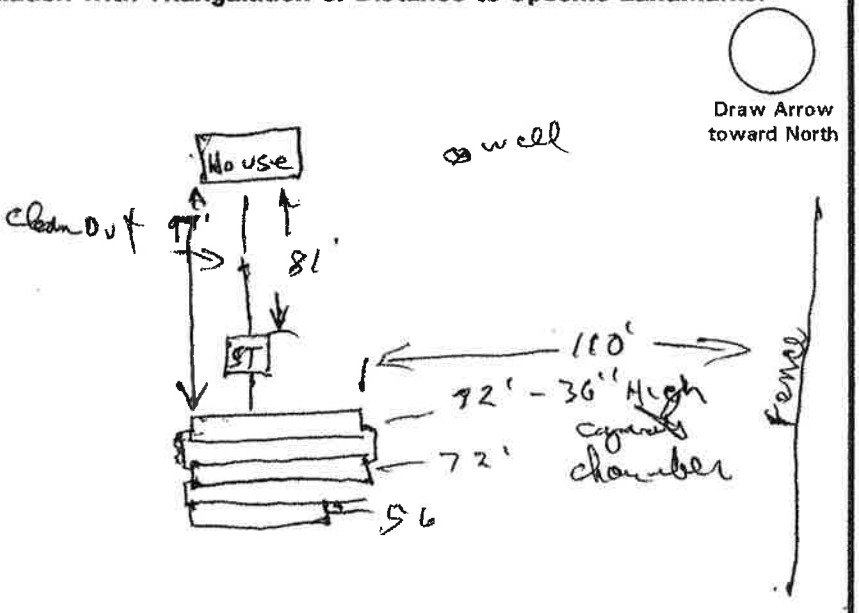
No. of Lines: 3 Length (in feet) of Each: 72, 72, 56, _____, _____, _____, _____
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (✓) No ( ) Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 97 Private (✓)/Public ( ) Water Source: 100' Property Line: 110'
Remarks: _____

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): 7-2-98
Final Inspection Date: 7-22-98
Sanitarian: [signature] R.S.