Per 12-18-00

SW258

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

WELL COMPLETION REPORT

Date(s) 11-16-00 County Hampshire Permit #: DW-14-01-051

Town: _____ Area Name/Location Shacks Bluff Lot 3

Well Owner: Kenneth Stansell Address: 4034 N. Stuart St.

Telephone Number: 703-237-2457 Arlington VA 22207

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

Telephone Number: 304-822-4784 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-65	Hard fractured Slate
66-82	Soft brown Shale
83-179	Hard red Shale
180-	Water
181-201	Hard gray Shale
202-	Water
203-229	Hard gray Sandrock
230-	Water
231-240	gray Shale
	2400 Gph

REMARKS:

Type of Well: Home Drilling Method: Air-Hammer

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

Well Depth: 240 Date Completed: 11/16/00

CASING: Length 100 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)	135		
Pumping Rate (GPM)	40		
Pumping Level (Ft Below Grade)	220		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1/2		

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.M. Smith Well Drilling
Registered Business Name

Benjamin Mark Smith 11/16/00
Signed Date

~~96177~~ 7/96

INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-14-00-232

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hampshire

Name of Owner: Melbourne Cory Installer: R.N. Kidwell

Address: P.O Box 567 Capon Bridge, WV 26711

Property Location: Shacks Bluff Lot #3

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 20 Sq-Ft./Acres

Design Loading in gpd/No. Bedrooms: 2BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1096 Material: Concrete Manufacturer: Jo Ro

Distances (in feet) of Tank to: Dwelling: 10' + Private (X)/Public ( ) Water Source: 50' + to be Property Line: 100' +

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X), Diameter: 12 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: 100, 100, 100, _____, _____, _____, _____

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 (X) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 10' + Private (X)/Public ( ) Water Source: 100' + to be Property Line: 100' +

Remarks: _____

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

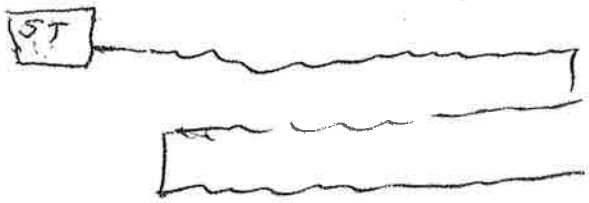
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

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:

Mt Tosche

Draw Arrow toward North



10-11-00
No well
No House

Visit Date(s): 1-13-00

Final Inspection Date: 10-12-00 Sanitarian: J. Kuntz