

for 10-2-2003

WELL COMPLETION REPORT

Date(s) 10-08-2003 County Hampshire Permit #: DW-14-04-68
Town: Delray Area Name/Location: Crescent Crossings Lot #14
Well Owner: Juliana P. Romers Address: 4537 Little River Run Rd
Telephone Number: 571-259-9568 Woodsdale VA 22003
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Telephone Number: 304-822-4784 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 1	Field grass + dirt	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
1 - 87	Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
87 - 97	Gray shale	Well Depth: <u>320'</u> Date Completed: <u>10-08-2003</u>
97 - 110	Brown shale	CASING: Length <u>120</u> Feet Height above ground <u>1</u> Feet
110 - 320'	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.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>100</u>		
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft. Below Grade)	<u>318</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</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.

H₂O = 194' 3 GPM
285' 12 GPM

Name: Chris Wolford Certification No.: 574
Registered Business Name: B.W. Smith Well Drilling
Signed: Chris Wolford Date: 10-08-2003

SS 177 7/96

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-04-120

Tax Map: _____ Parcel #: _____

County: NAMPSHIREON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County Road: _____

Name of Owner: SYLVIA ROMERO Installer: R. K. KetterAddress: 1153 FLINTIE RIVER RUN Rd. Donnadale, VA 22003Property Location: CRESCENT CROSSING LOT #14Type of Facility: House Facility is: New (☒) Existing () Lot Size: 7.4 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: JolinDistance (in feet) of Tank to: Dwelling: 10+ Private (☒) Public () Water Source: 118 Property Line: 10+

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: _____

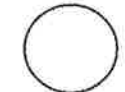
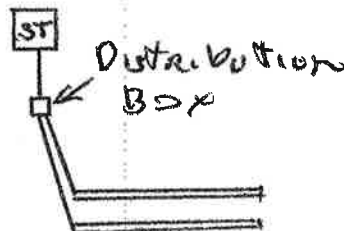
No of Lines: 2 Length (in feet) of Each: 90, 90Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inchesIf Bed, Dimensions (in Feet): _____ If Chamber System, Name: INFILTRATOR No. of Units: 30Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 900 Square Feet of Standard Gravel Field.Distance (in feet) of System to: Dwelling: 10+ Private (☒) Public () Water Source: 130 Property Line: 10+Remarks: to be

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.

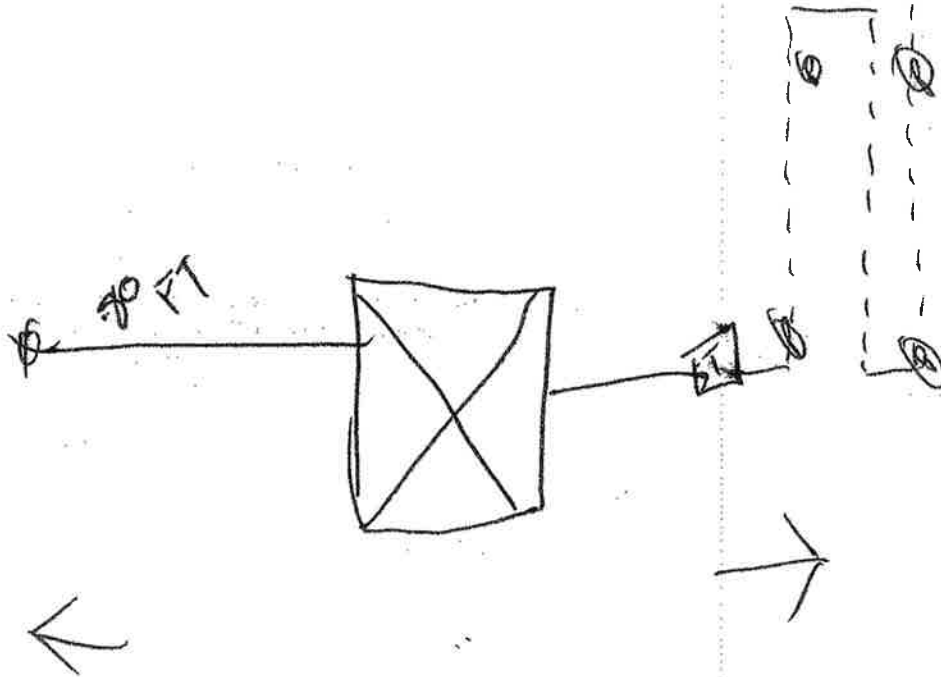
Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

1153-3Not to ScaleNo HousewellDraw Arrow
toward NorthNot to ScaleVisit Date(s) 10-2-3Final Inspection Date: 11-3-3Sanitarian: J. K. Ketter

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> House | <input checked="" type="checkbox"/> Water Supply | <input checked="" type="checkbox"/> Percolation Test Site |
| --- Soil Absorption Line | → Dir. Of Ground Slope | ___ Property Line |
| Trees | <input type="checkbox"/> ST Septic Tank | <input type="checkbox"/> MH Mobile Home |



PROPOSED House + SEPTIC

FOR HEALTH DEPARTMENT USE ONLY:		COUNTY: _____	
Date Received: _____	Coordinates: N _____ W _____		
Date Evaluated: _____	Reviewed by: _____	Date fee paid: _____	
Received From: _____	Permit: <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Permit No.: _____	