

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

Hampshire
JUN 21 2006

WELL COMPLETION REPORT

Date(s) 6-6-06 County HAMPSHIRE Permit #: DW-14-06-545 Health
Town: POINTS Area Name/Location IR RANVELLS RD.
Well Owner: CHRIS+DORIS MCKEON Address: 1261 CLAYTON RD.
Telephone Number: 856-728-4617 WILLIAMSTOWN, NJ 08094
Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-60	RED SHALE w/ LAYERS OF HARD SANDROCK	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.</u> Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8" O.D.</u> Well Depth: <u>400'</u> Date Completed: <u>6-5-06</u> CASING: Length <u>80</u> Feet Height above ground _____ Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
60-65	YELLOW SHALE	
65-150	HARD, RED SANDROCK	
151	WATER (2 GPM)	
152-400	HARD SAND ROCK w/ LAYERS OF SHALE	
		SCREEN <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	37		
Pumping Rate (GPM)	2		
Pumping Level (Ft. Below Grade)	400		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	10		

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 is true to the best of my knowledge and belief.

B. MARK SMITH 001
Name B.W. SMITH WELL DRILLING Certification No.
Registered Business Name
Signed [Signature] Date 6-6-06

SS 177 7/96

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-19-05-319
Tax Map: 1 Parcel #: 18
County Road: _____Name of Owner: CHRIS D / DORIS R MCKEON Installer: ED SHAGEMAKER
Address: 1261 CLAYTON RD WILLIAMSTON N.J. 08094
Property Location: JERSEY MTN TO JR. RANCHES - GO. 4 MILES TO PROP ON RT (LARGE POND)
Type of Facility: RESIDENCE Facility is: New ☒ Existing () Lot Size: 8.577 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: WELL
TORRE

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: _____
Distance (in feet) of Tank to: Dwelling: 10+ Private ☒ Public () Water Source: 50+ Property Line: 600

ON-SITE DISPOSAL SYSTEM

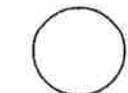
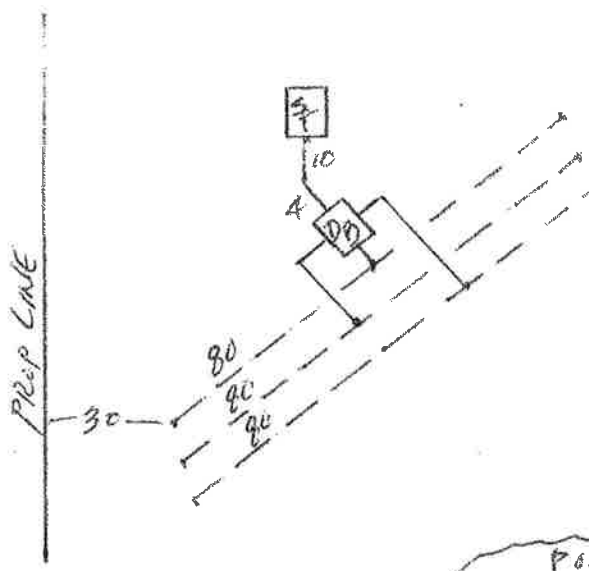
Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
Chamber Soil Absorption Trenches ☒ or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____No of Lines: 3 Length (in feet) of Each: 80 80 80
Width of Trenches: 3 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: 1200 Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: _____ Private ☒ Public () Water Source: 100+ Property Line: 30'
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:

No House
No well } 5/31/05Draw Arrow
toward NorthVisit Date(s) 5-9-05Final Inspection Date: 5/31/05Sanitarian: D. H. H. H.