

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

SW258
10/01

Rec
5-3-06

WELL COMPLETION REPORT

Date(s) 4-27-06 County Hampshire Permit #: DW1406248
Town: Springfield Area Name/Location Mountain Air Subdivision Lot 60
Well Owner: Jim Witt Address: 12551 Old Waterford Road
Telephone Number: (703)731-0298 Leesburg VA 20176
Well Driller: Miller Brothers Drilling LLC Address: PO Box 952
Telephone Number: (304)496-7942 Romney WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-26	Brown shale	Type of Well: <u>Drilled</u> Drilling Method: <u>Air rotary</u>
26-320	Blue sandstone & shale	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>7"</u>
		Well Depth: <u>320'</u> Date Completed: <u>4-27-06</u>
		CASING: Length <u>40</u> Feet Height above ground <u>1.5</u> Feet
		<input type="checkbox"/> Steel <input checked="" 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>60</u>		
Pumping Rate (GPM)	<u>10</u>		
Pumping Level (Ft. Below Grade)	<u>318</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)			

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.

Bobby Allred 602
Name Certification No.
Miller Brothers Drilling LLC 4-27-06
Registered Business Name Date
Bobby L Allred
Signed

SS 177 7/98

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-06-321Tax Map: 10 Parcel #: 60County Road: Donaldson School Rd

County: _____

Name of Owner: Jim Witt Installer: Billy HartAddress: 17551 Old Waterford Rd, Leesburg, VA 20126Property Location: Mountain Aire Lot 60Type of Facility: SFD Facility is: New ☒ Existing () Lot Size: 20.44 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: _____Distances (in feet) of Tank to: Dwelling: 32 Private ☒ Public () Water Source: 750 Property Line: 7100

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, 80Width of Trenches: 36 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.Distances (in feet) of System to: Dwelling: 300 Private ☒ Public () Water Source: 7300 Property Line: 7100

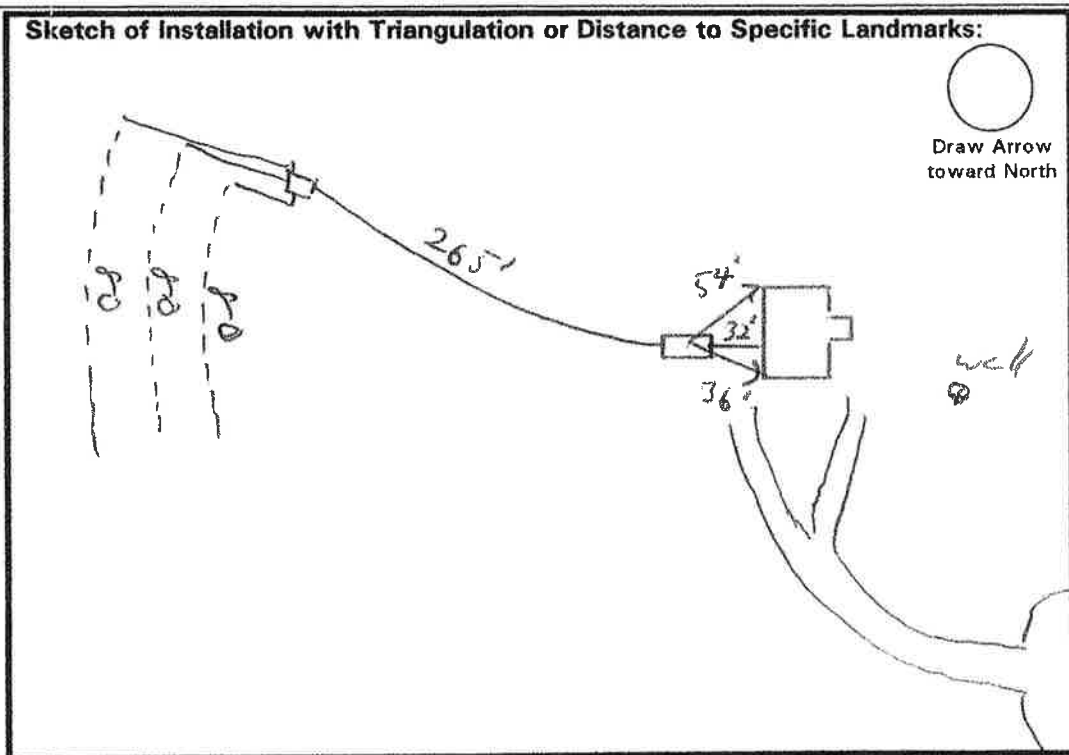
Remarks: _____

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:



Draw Arrow
toward North

Visit Date(s): _____

Final Inspection Date: 10/10/06Sanitarian: [Signature]

