Capon Woods Rebuilt Lot 4 per 11-13-98

SW258

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

WELL COMPLETION REPORT

Date(s) 10/22/98-10/22/99 County Hampshire Permit #: DW-14-99-120

Town: _____ Area Name/Location _____

Well Owner: Joseph Bradshaw Address: 2089 Rosedale Road

Telephone Number: 304-263-1646 Martinsburg West Va. 25401

Well Driller: Payne Well Drilling, Inc. Address: P.O. Box 160

Telephone Number: 540-662-4957 Stephenson, Va. 22656

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0- 70	OVERBURDEN
70	BEDROCK
70-190	SHALE
190-191	WATER
191-200	SHALE

REMARKS:

Type of Well: _____ Drilling Method: Rotary Air

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

Well Depth: 200 feet Date Completed: 11/4/98

CASING: Length 80 Feet Height above ground 1½ Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN N/A

☐ 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)	35		
Pumping Rate (GPM)	25		
Pumping Level (Ft Below Grade)			
Duration of Test (In Hours)			
Recovery Time to Static Level (In Hours)			

WELL HEAD DID NOT INSTALL PUMP

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.

GARY L. PAYNE 006
Name Certification No.

PAYNE WELL DRILLING, INC.
Registered Business Name

Gary L. Payne 11/4/98
Signed Date

SS-177 7/96

INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-14 -99-125

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hampshire

Name of Owner: Joseph Bradshaw Installer: Gary Haines

Address: 2089 Rosedale Rd Martinsburg, WV 25401

Property Location: Cayton Woods Resort Lot # 4

Type of Facility: House Facility is: New ( ) Existing (X) Lot Size: 3 ~~Sq. Ft.~~/Acres

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

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Data S+S

Distances (in feet) of Tank to: Dwelling: 12 Private (X)/Public ( ) Water Source: 69' Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X) Diameter: 10 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: 24-36 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: 39 Private (X)/Public ( ) Water Source: 101 Property Line: _____

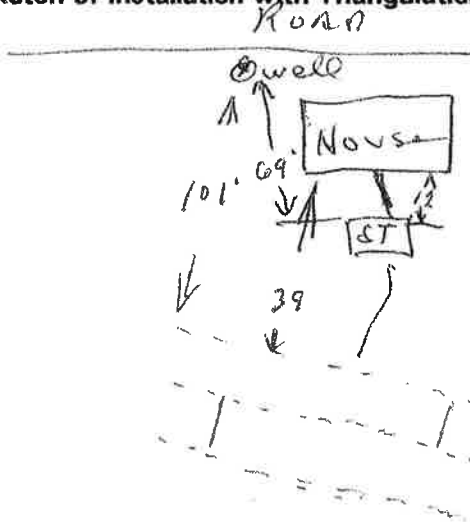
Remarks: _____

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:



Draw Arrow toward North

Visit Date(s): 11-19-98

Final Inspection Date: 12-21-98

Sanitarian: [signature] R.S.