

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

SW258

*Rec.
3-20-00*

WELL COMPLETION REPORT

Date(s) 3/14/00 County Hampshire Permit #: DW-14-00-210
Town: _____ Area Name/Location Potomac Landing tract 20
Well Owner: Stephen + Susan Schiller Address: 10920 Thantlet lane
Telephone Number: 703-471-6238 Roston VA 20190
Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-10	Clay/Soft yellow shale	Type of Well: <u>home</u> Drilling Method: <u>Air-Hammer</u>
11-30	yellow shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
31-260	hard gray shale	Well Depth: <u>360</u> Date Completed: <u>3/14/00</u>
261-	Water	CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
262-329	hard gray shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
330-	Water	Other _____ Type _____
331-355	hard gray shale	SCREEN
356-	Water	<input checked="" type="checkbox"/> None Installed
357-360	hard gray shale	Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	<u>6000 Gph</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>210</u>		
Pumping Rate (GPM)	<u>100</u>		
Pumping Level (Ft Below Grade)	<u>340</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

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 Well Drilling 001
Name B. Mark Smith Certification No. _____
Registered Business Name Benjamin Mark Smith 3/14/00
Signed _____ Date _____

SS 177 7/98

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire Co HEALTH DEPARTMENT

Permit No.: ST-14-99-287

County: Hampshire

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Tax Map: _____ Parcel #: _____

County Road: _____

Name of Owner: MELBOURNE CORP.

Installer: D. J. KIWELL

Address: PO Box 567 CAPON BRIDGE WV 26711

Property Location: POTOMAC LANDING LOT #20

Type of Facility: HOUSE

Facility is: New (X) Existing ()

Lot Size: 20

Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 3 BR

Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000

Material: CONCRETE

Manufacturer: JOLIN

Distances (in feet) of Tank to: Dwelling: _____

Private (X)/Public () Water Source: _____

Property Line: 50+

ON-SITE DISPOSAL SYSTEM

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

Chamber Soil Absorption Trenches (X) 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, 90

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches

If Bed, Dimensions (in Feet): _____

If Chamber System, Name: _____

No. of Units: 30

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: _____

Private ()/Public () Water Source: _____

Property Line: 50+

marks: HOUSE + WELL NON EXISTING

An inspection indicates that the sewage disposal system described above

DOES MEET (X).

DOES NOT MEET ().

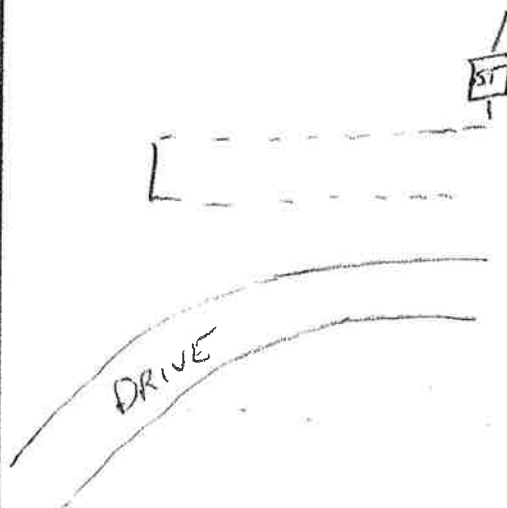
CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

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.

NOT TO SCALE

Visit Date(s): 4/9/99

Final Inspection Date: 1/5/00

Sanitarian: R.L. WILSON R.S.

AJR