

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

SW258
10/01

Rev 12/05

WELL COMPLETION REPORT

Date(s) 11-18-2005 County Hampshire Permit # DW-14-06-148
Town: Augusta Area Name/Location William Berry Rd. Midvale Farms - Lot 19
Well Owner: ROBERT & SHIRLEY KENSER Address: P.O. BOX 752
Telephone Number: 410-206-9110 JESSUP, MD 20794
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Telephone Number: 496-4477 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-75	Layers of Red & Brown shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
75-93	Layers of Gray & Red shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 1/8"</u>
93-94	Brown sandstone	Well Depth: <u>360'</u> Date Completed: <u>11-18-2005</u>
94-312	Layers of Gray & Red sandstone	CASING: Length <u>110'</u> Feet Height above ground <u>1</u> Feet
312-360	Layers of Red & Gray shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other <u>DRIVE SHOE</u> 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>90</u>		
Pumping Rate (GPM)	<u>8</u>		
Pumping Level (Ft. Below Grade)	<u>358</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>60</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 = 140' 1 GPM
252' 2 GPM
296' 5 GPM

Name Chris Welford Certification No. 574
Registered Business Name B.W. Smith Well Drilling
Signed Chris Welford Date 11-18-2005

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit ST-14-05-347

Name of Owner: Robert P. & Shirley J. Yenser Installer: Ed Shoemaker
Address: PO Box 752 Jessup, MD 20794
Property Location: Midvale Farms Lot B19 Lot Size: 5 Acres
Type of Facility: SFD Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: _____
Pump Chamber 1000 gal
Distances (in feet) of Tank to: Dwelling 20'
Private ☒ Public ☐ Water Source: > 50' Property Line: > 50'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter ____ In.
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 (X) Other: LPP

No. of Lines: 5 Length (in feet) of Each: 60'
Width of Trenches: 12 inches/feet Depth to Bottom of Field: 12 inches
If Bed, Dimensions (in feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (X) No () Size Equates to 1200 sq ft of SGF
Distance (in feet) of System to: Dwelling 185' Private (X) Public ()
Water Source: > 100' Property Line: _____

Remarks: Absorption field inspected by Denny Taketa... Floats inspected by Terry Mayhew
GPS: N«GPS_Coord_N» W«GPS_Coord_W»

An inspection indicates that
The sewage disposal system
Described above

DOES MEET ☒ X

DOES NOT MEET ☐ or

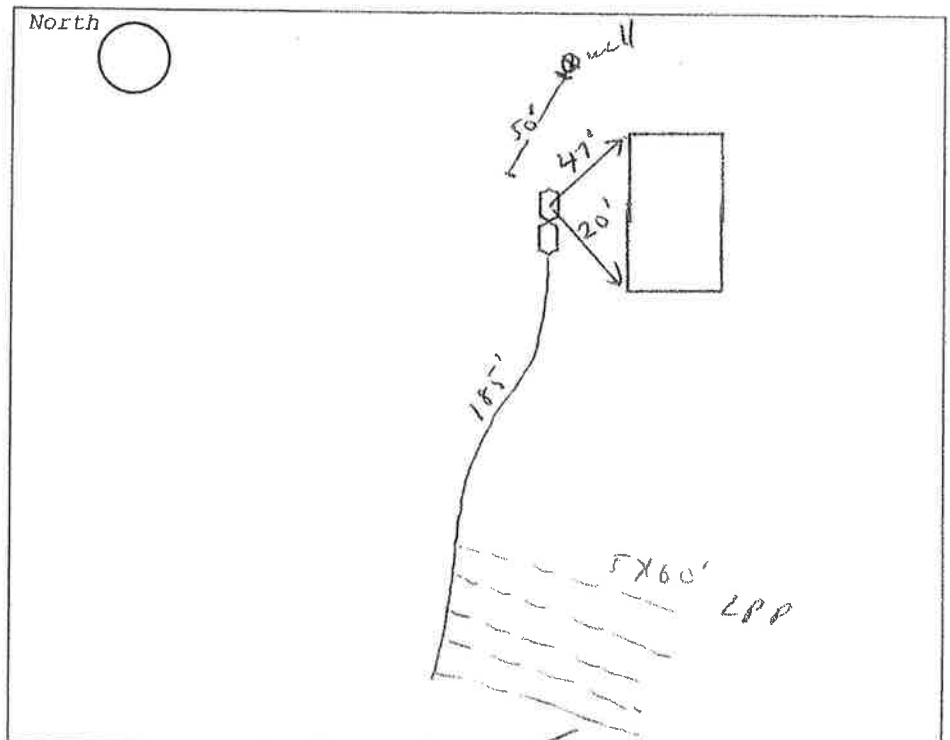
CANNOT BE DETERMINED TO

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.

Visit Date(s): 1/20/2005



FINAL INSPECTION DATE: 4/15/2008

SANITARIAN: [Signature]