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

SW258
10/01

WELL COMPLETION REPORT

Date(s) 4-18-08 County Hardy Permit # DM1607035

Town Needmore Area Name/Location Cove Creek Lot 22

Well Owner Victor Barna Address 207A South Union Street

Telephone Number (571)264-1310 Alexandria VA 22314

Well Driller Miller Well Drilling Address PO Box 670

Telephone Number (304)822-4092 Augusta WV 26704

WELL LOG

DEPTH IN FEET	FORMATIONS KIND, THICKNESS, AND IF WATER BEARING
0-4	Rock fill
4-222	Standstone

REMARKS

Type of Well: House Drilling Method: Air rotary

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

Well Depth: 222' Date Completed: 4-18-08

CASING: Length 40 Feet Height above ground 3 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☐ None Installed

Type _____ Diameter _____

Slot/Gauge _____ Length _____

Set Between _____ Ft. and _____ F

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	100		
Pumping Rate (GPM)	10		
Pumping Level (Ft. Below Grade)	220		
Duration of Test (In Hours)	1		
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 is true to the best of my knowledge and belief.

Bobby Allred — Name — 602 — Certification No.

Miller Well Drilling — Registered Business Name

Signed — 4-18-08 — Date

SW-256
Rev. 8/01
Side A

HARDY CO. HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

Property Owner: VICTOR SARNA Certified Well Driller: Miller Well Drilling

Mail Address: 207A SOUTH UNION ST., ALEXANDRIA, VA 22314

Property Owner's Telephone Number: Day (571) 264-1316 Evening (571) 264-1316

Specific & detailed directions to property: NORTHBOUND TO TRIPLE CREEK RD, COVE CREEK SUB DIV. FOLLOW 1/4 MTN. TO LOT 22 ON LEFT, FOLLOW DRIVEWAY TO TOP.

Proposed facility to be served:

☑ Residence. No. of bedrooms: 3 No. of individuals served: 2

☐ Other _____

Facility served is

☐ New

☐ Existing

Property deed recorded in Book No. 280 Pages: 588 Date the property deed was recorded APRIL 21, 2005

Subdivision name: COVE CREEK Lot #: 22 Section #: —

County tax map: 4 Parcel No.: 119 Size of Lot: 19.14 Square feet/acres

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination, I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

Signature of Property Owner or Authorized Agent Victor J. Sarna Date 9/22/07

Water well will be ☑ constructed ☐ modified and will be used for ☐ potable water ☐ water exploration ☐ abandoned or other purposes: _____

Type of casing: 6 5/8" steel or 6 1/4" PVC

Type and Method of Grouting: pressure - bentonite

If abandoning well, Abandonment Method: N/A

Distance of Well from Potential Sources of Contamination:

Stream, Rivers & Impoundments — Sewers & Drains (non-watertight) — Privies (vault) —

Sewerage Absorption Fields 100'+ Sewers & Drains (hydrostat. tested) — Sewage Holding Tank —

Septic Tank 50'+ Barnyard/Feeding/Watering Area —

Other: _____

Distance to Property Line: 10'+

Certified Well Driller Bobby Allred Telephone Number (304) 822-4092

Business Address PO Box 670 Augusta WV 26704

Well Driller's Certification No. 602 Expiration Date 8-2010 Liability Insurance Expiration Date 2-2008

Dept. of Labor Contractor's License No. 013740 Exp. Date 5-08 Issued to Miller Well Drilling

Contractor's Bond or Letter of Credit Expiration Date 2-2008

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

Signature of Certified Well Driller Bobby Allred Date _____

Reverse of form must be completed

SS-182
Rev. 8/01
Side A

Hardy Co. DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA

APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL AND/OR INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM

Property Owner(s) VICTOR SARNA Soc Sec No.(s) ———
Address 207A SOUTH UNION STREET
City, State, Zip ALEXANDRIA, VA 22314 Telephone (H) (571) 264-[illegible]316 (W)
Location of property (be specific) Needmore Rd to Cove Creek Subdivision
follow up Mnt. to lot 22 on left follow Drive to top
Facility served is: ☒ New ☐ Existing Size of Lot 19.14 sq.ft./acres Water Source: well
Type Facility: ☒ Residence No. of bedrooms 3 No. of individuals served 2
☐ Other
Property Deed Recorded in Book No. [illegible]280 Page 5[illegible] Date Recorded April 21 2005
County tax map [illegible]4 Parcel No. 119
Name of subdivision Cove Creek Approval No. — Section — Lot 22

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

Date 5/25/07 Signature of Owner: Victor J Sarna

WATER WELL INFORMATION

Application is for a permit to ☒ Construct ☐ Modify or ☐ Abandon a water well.
If constructed or modified, well will be used for ☒ potable water ☐ water exploration ☐ other ———
If abandoning well, abandonment method: ———
Type of casing Steel 6 5/8 Type & Method of Grouting Pressure Bentonite Distance to Property Line ——— ft.
Distance of Well from Potential Sources of Contamination:

Streams, rivers, impoundments —	Sewers & drains (non-watertight) —	Privies (vault) —
Sewage absorption fields —	Sewers & drains (hydrostat.tested) —	Barnyard/feeding
Septic tank —	Sewage holding tank —	Water areas —

Other ———

Well Driller (please print) B.W. Smith Well Drilling Inc Telephone 304-496-9917
Business Address P.O. Box 440 Springfield WV
Well Driller's Certification No. 001 Expiration Date 08 Liability Insurance Expiration Date 08
Dept. of Labor Contractor's License No. 03Y0705 Exp. Date 08 Issued to B. Mark Smith
Contractor's Bond or Letter of Credit Expiration Date 08

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

Date ——— Signature of Certified Well Driller: ———

FOR HEALTH DEPARTMENT USE ONLY County: ——— Coordinates N ——— W ——— Date Rec'd.
Date Site Evaluation 6-1-07 Reviewed by TBO Date Fee Paid 5/31/07 Received From ——— $62.50 (C)
Contractor's Bond/Letter of Credit Exp. Date Verified By ——— Liability Insurance Exp. Date Verified By ———
Water Permit ☐ Issued ☐ Denied Permit No. ——— Sewage Permit ☐ Issued ☐ Denied Permit No. ———
Comments ———

SW-257
Rev. 8/01

WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

PERMIT

OWNER: VICTOR SARNA and DRILLER B.W Smith

are hereby issued a permit to CONSTTUCT a well located
(Construct, Modify or Abandon)

at COVE CREEK LOT 22

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued June 1, 2007 Issuing Officer Title

Expires June 1, 2008

Permit No. DW-16-07-035 County Health Department

This permit is not transferable and any change of information submitted in application dated 5-25-07 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

NCF-9387 01/03/03

SS 177 7/96
INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-16-07-095
Tax Map: _____ Parcel #: _____
County Road: _____

County: HARDY

Installer: HART'S EXCAVATING

Name of Owner: VICTOR SARNA
Address: 207 A SOUTH UNION STREET, ALEXANDRIA, VA 22314
Property Location: LOT 22 COVE CREEK SUBDIVISION, BAKER WV
Type of Facility: NEW HOME
Facility is: New (X) Existing ( ) Lot Size: 19.14 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 BDRM
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: 50' Property Line: 100'

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: 92, 88, _____, _____, _____, _____, _____
Width of Trenches: 18-36 inches/feet Depth to Bottom of Field: 18-36 inches
If Bed, Dimensions (In Feet): _____ If Chamber System, Name: INFILTRATOR No. of Units: 45
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: 30 Private (X)/Public ( ) Water Source: 100' Property Line: 100'
Remarks: DISTANCE FROM TANK TO DWELLING LEFT BLANK AS HOME WAS NOT UNDER CONSTRUCTION AT TIME OF INSPECTION

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.

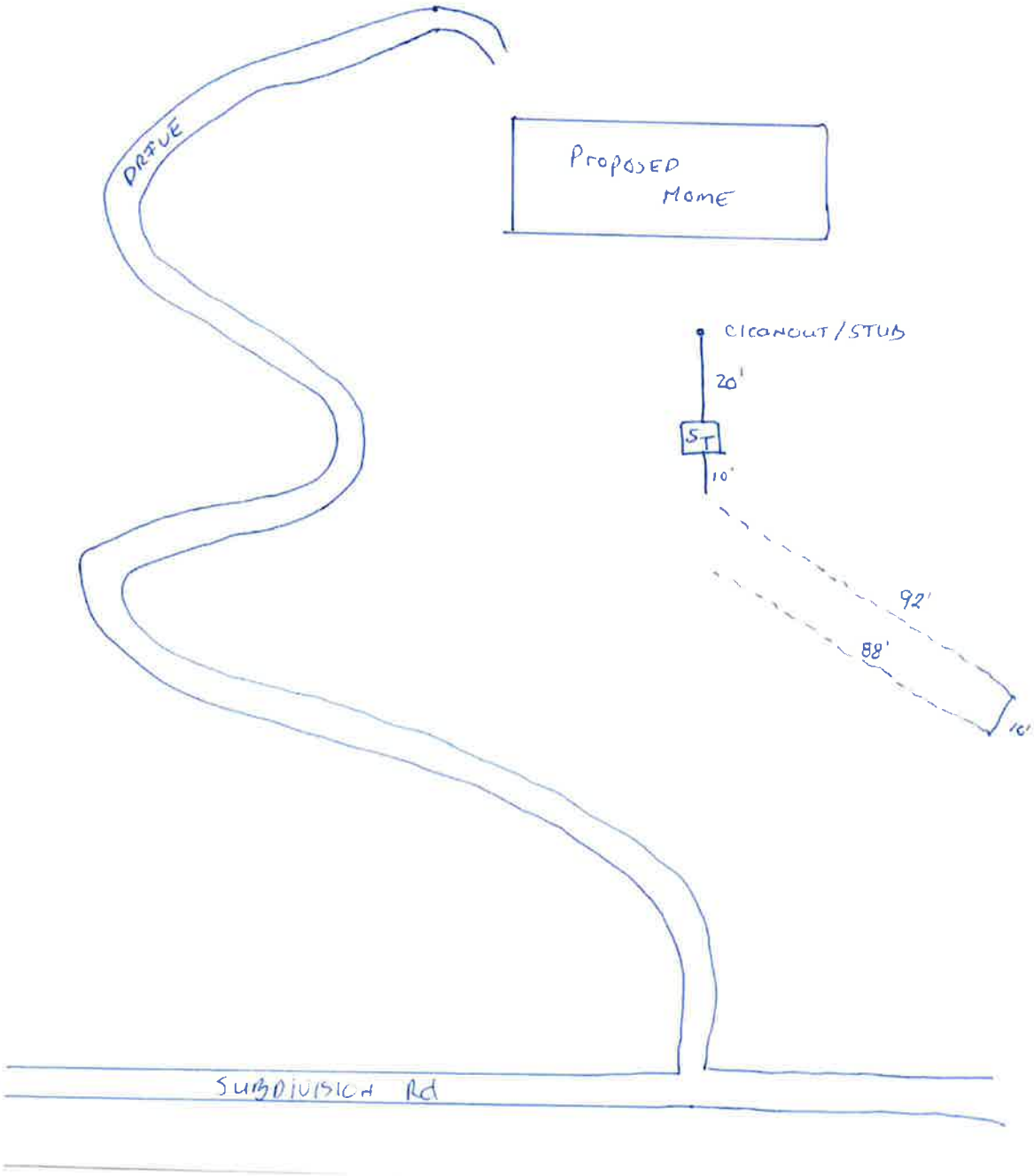
Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Draw Arrow toward North

Visit Date(s): July 2, 2007
Final Inspection Date: 11-26-07

Sanitarian: William Dunn / Sanitarian


DRIVE
PROPOSED
HOME
CLEANOUT / STUB
20'
ST
10'
92'
88'
10'
SUBDIVISION Rd

dep

west virginia department of environmental protection

Division of Water and Waste Management
601 57th Street, S.E.
Charleston, WV 25304
Telephone: (304) 926-0495
Fax: (304) 926-0463

Joe Manchin III, Governor
Stephanie R. Timmermeyer, Cabinet Secretary
www.wvdep.org

VICTOR SARNA
207 A SOUTH UNION STREET
ALEXANDRIA, VA 22314
ST-16-07-095

Dear Sewage System Owner:

Please find your Sewage System Seal Registration Number from Department of Environmental Protection, Division of Water & Waste Management attached. Please keep this seal with your sewage system installation permit from your local health department. Thank you for your cooperation in this matter.

Sincerely,

Ellen R. Herndon

Ellen R. Herndon
Environmental Resource Specialist III

STATE OF WEST VIRGINIA
WATER & WASTE MANAGEMENT
dep
34713
SEPTIC TANK SEAL
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Promoting a healthy environment.

SS-102
Rev. 12/83

Lot 24

State of West Virginia

Hardy Co HEALTH DEPARTMENT

FOR HEALTH DEPARTMENT USE ONLY
Date Recv'd. ________ Permit #: WW________ ST________ COUNTY: ________
Coordinates: N________ W________
Date Site Evaluated: 11-20-91 Reviewed By: ________

PART I

APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL
OR
INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM

Instructions: Part I of this application is to be completed by the owner. State and county health department regulations require that water wells and sewage disposal systems be located, designed and constructed in accordance with published standards.

Perc for lot 21

Property Owner: Patten Corp (please print)

Address: ________

Date: ________ Telephone: (home)________ (business)________

/__7 Water Well /__7 Sewage Disposal System

LOCATION OF PROPERTY (be specific) Baker WV

Name of Subdivision: Cove Creek Subdivision Section: ________ Lot: 21

Size of Lot: 14.82 sq.ft./acres /__7 Residence; No. of Bedrooms ____ No. of individuals served: ____

/__7 Other ________

Property Deed Recorded in Book No.: ________ Page: ________ Date Recorded: ________

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

____
(signature of owner)

* *

PLEASE PROCEED TO COMPLETE PARTS II AND III, IF NECESSARY

* *

PART II
WATER WELL INFORMATION

Water well will be ____constructed ____modified and will be used for ____potable water, ____water exploration, ____abandoned or other purposes: ________

Well Driller: ________ Phone No.: ________

Business Address: ________

Type of Casing: ________

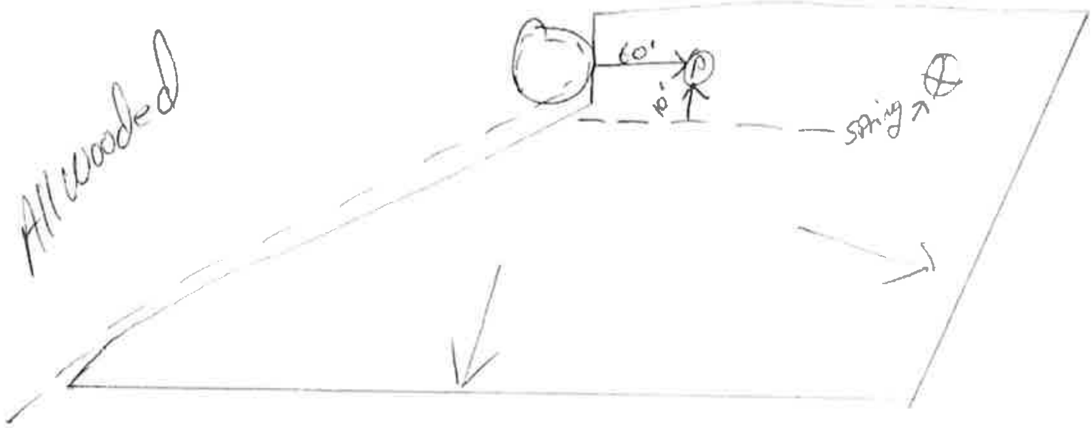
Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments ____ Sewers & Drains (non-watertight) ____ Privies (vault) ____
Sewage Absorption Fields ____ Sewers & Drains (hydrostat.tested ____ Barnyard/Feeding Water Areas ____
Septic Tank ____ Sewage Holding Tank ____
Other: ________

SIGNATURE of DRILLER ________ CERTIFICATION # ________ DATE ________

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

⊠	House	⊗	Water Supply	Ⓟ	Percolation Test Site
----	Soil Absorption Line	→	Dir. of Ground Slope	——	Property Line
|||||	Trees	ST	Septic Tank	MH	Mobilehome



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PART III
SEWAGE DISPOSAL SYSTEM INFORMATION

☐ Install ☐ Modify

____Septic Tank ____Absorption Field ____Holding Tank ____Pit Privy ____Vault Privy

____Chemical/Composting Toilet ____Alternate System (attach detailed plans)

Other____

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity____ Material____ Nearest Prop.Line____

Absorption Field: ____Sq.ft. with ____lines and ____long

Pipe ASTM No. ____ Nearest Property Line____

Type of Water Supply:____ Area Suitable for Absorption Field:____ Sq.ft.

Six-foot hole free of water or solid rock? ____Yes ____No

PERCOLATION TEST:

TEST HOLE:	#1	#2	#3	#4
	120 minutes	100 minutes	160 minutes	160 minutes

Total minutes 540, divided by 24 = 22.5 min average time for water to fall one inch.

Test done on 10/2/91 (date) using approved procedures outlined in the Design Standards.

Signed: [signature]

____ Signature of Installer ____ Certification No. ____ Date