

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

SW258

Per.
5-15-00**WELL COMPLETION REPORT**

Date(s) _____ County Hampshire Permit #: DW-14-00-301
 Town: _____ Area Name/Location: Peach Lake Lot 14 Sec 1
 Well Owner: Richard J. Miller Address: 108 Maple Circle
540-662-9263 Winchester, VA 22602
 Well Driller: B. Mark Smith Address: 408 E. 86 Box 204
304-822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-20	red shale	Type of Well: <u>None</u> Drilling Method: <u>An Hammer</u>
21-320	hard red sandrock	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
	w/ layers red shale	Well Depth: <u>700</u> Date Completed: _____
321	water	CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
322-700	hard red sandrock	<input checked="" type="checkbox"/> Steel <input 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>100 est</u>		
Pumping Rate (GPM) <u>60 gal per day</u>	<u>150</u>		
Pumping Level (Ft Below Grade)	<u>700</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>144</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 001
 Name Certification No.
B. Mark Smith Well Drilling
 Registered Business Name
B. Mark Smith
 Signed Date

SW-256 2/97

SS.# *on file*

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

PLEASE PRINT:

Property Owner: Richard L FellerCertified Driller: B.W. SMITH WELL DRILLINGAddress: 108 Twin Hill CircleAddress: MARK SMITHWinchester Va 22602HC 86 BOX 2-APhone: (home) 540 662 9263 (business) 800 786 0692SPRINGFIELD, WV 28763Directions to property: SO to Mt. Top Truck Stop turn on Jersey mt Rd go 5.2 miles toDriller Certification No.: 304-822-4786 ORV 304-822-5867White Brick Ranch pass see lg Oak Tree turn right go to T turn left then take1st right go to Y turnRight go to see mobile home on left. (Gray/white)

Proposed facility to be served:

☒ Residence, No. of bedrooms: 3 No. of individuals served: ☐ New☐ Other ☐ ExistingProperty deed recorded in Book No.: 325 Page(s): 228 Date the property deed was recorded: 1991Subdivision name: Peach Lake Farming Lot #: 14 Section #: 1County tax map: 8 Parcel No.: 0120 Size of Lot: 2.39 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.

Richard L Feller
(Signature of the owner or authorized agent)

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

Type of Casing: SteelType and Method of Grouting: BENONITEIf abandoning well, Abandonment Method:

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments Sewers & Drains (non-watertight) Privies (vault) Sewage Absorption Fields 100 ft Sewers & Drains (hydrostat. tested) Sewage Holding Tank Septic Tank 100 ft Barnyard/Feeding/Watering Area Other: Distance to Property Line: 20'

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 Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Driller

Date

FF. 31100.001986.014

SS 177 7/96

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-01021

Tax Map: _____ Parcel #: _____

County: Hampshire

ON-SITE SEWAGE DISPOSAL SYSTEM

County Road: _____

INSPECTION FORM

Name of Owner: Richard Kellen Installer: P. K. Idwell
 Address: 108 Twin Circle Winchester VA 22601
 Property Location: Peach Lake Farms #14
 Type of Facility: W2222 Facility Is: New ☒ Existing () Lot Size: 2.1 Sq-Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: J. I.
 Distances (in feet) of Tank to: Dwelling: 15' Private ☒ Public () Water Source: 86' Property Line: 100'
150'

ON-SITE DISPOSAL SYSTEM

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

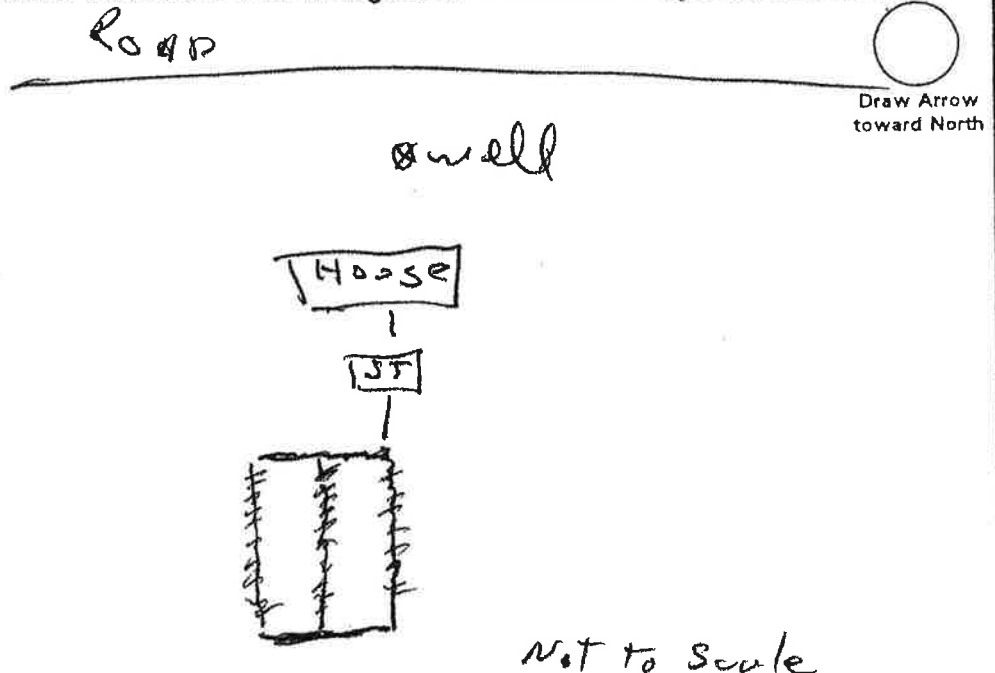
No. of Lines: 3 Length (in feet) of Each: 120, 100, 100, _____, _____, _____
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 36 Inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
 Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 400 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 30' Private ()/Public () Water Source: 113' Property Line: 100'
 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:



Visit Date(s): 2-13-00
 Final Inspection Date: 8-4-00

Sanitarian: J. Kender

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: PRECAST Manufacturer: _____
 Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.
☐ Trench System: No. of Lines: 3, Lengths: 100, 100, 100, _____, _____, _____ feet.
☒ Gravel Trench Width: 24 inches, or Gravelless Pipe Diameter: 12 inches.
☐ If Chamber System: Manufacturer: _____, Number of Chambers: _____
☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.
 If soil absorption bed, Length: _____ feet by Width: _____ feet, or if Chamber System,
 Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):

Septic Tank to: Building Foundation: 10 feet, Property Line: 100 feet, Water Supply: 100 feet.
 Absorption Field to: Building Foundation: 30 feet, Property Line: 100 feet, Water Supply: 100 feet.

Materials:

The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

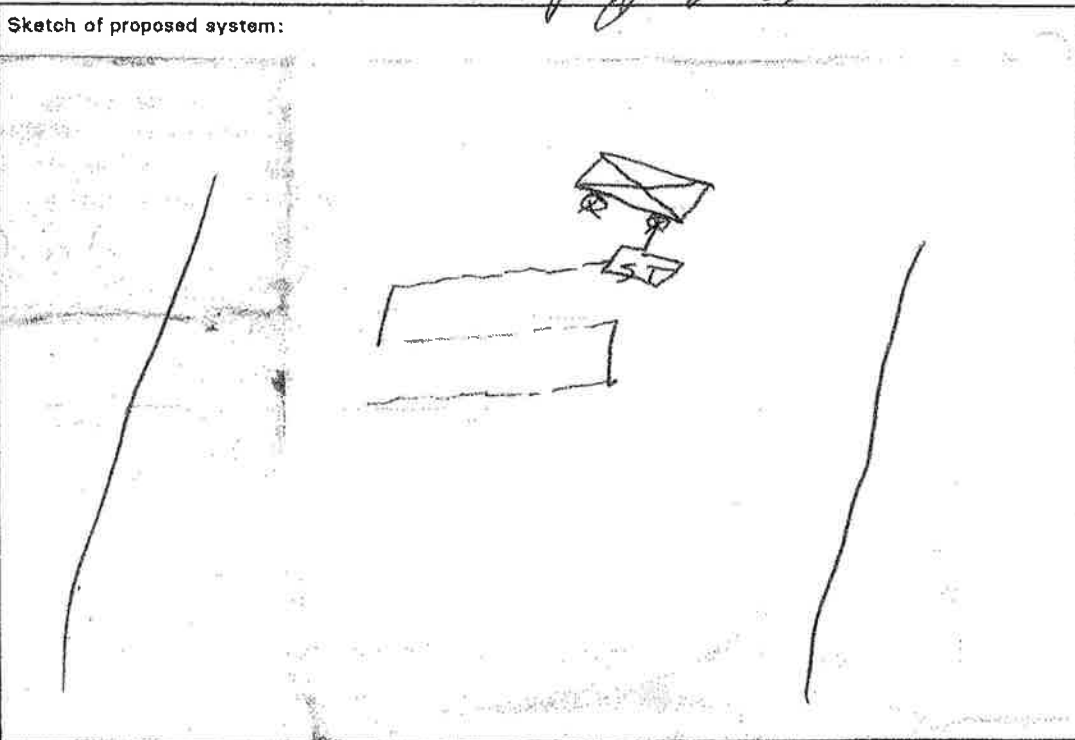
Signature of Certified Installer or Owner-Installer: P. J. Michael

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
- (P) Percolation test site
- Property line
- ⊗ Residence or facility served
- ST Septic Tank
- Soil absorption lines
- (|||) Trees
- ⊗ Water source
- × Water supply line

Show all structures or facilities to be served by on-site sewage system on the lot or tract.

Sketch of proposed system:



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 7-12-08

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____