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

per 6-22-00

SW258

WELL COMPLETION REPORT

Date(s) 5/6/00 County Hampshire Permit #: DW-14-00-292

Town: _____ Area Name/Location Dunmore Lot 47

Well Owner: William + Martha Moreland Address: P.O. Box 41

Telephone Number: 856-1164 Capon Bridge WV 26711

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
0-35	Yellow Shale/Slate
36-135	hard red Sandrock
136-	Water
137-275	hard red Sandrock w/ layers red Shale
276-	Water
277-300	hard gray Shale
	3000 Gph

REMARKS:

Type of Well: Home Drilling Method: Air-Hammer

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

Well Depth: 300' Date Completed: 5/6/00

CASING: Length 60' Feet Height above ground 1 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☑ 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)	129		
Pumping Rate (GPM)	50		
Pumping Level (Ft Below Grade)	275		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1		

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.M. Smith Well Drilling
Registered Business Name

Benjamin Mark Smith 5/16/00
Signed Date

SS-177 7/86

INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-14-08-344

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hampshire

Name of Owner: William + Martha Moreland Installer: W. Meade

Address: P.O Box 41 Cyprus Bridge, WV

Property Location: Pancake Ridge Subdivision Lot #47

Type of Facility: House Facility is: New (✓) Existing ( ) Lot Size: 2.25 Sq.Ft./Acres

Design Loading in gpd/No. Bedrooms: 4 BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Jo Jo

Distances (in feet) of Tank to: Dwelling: 58 Private (✓)/Public ( ) Water Source: 128 Property Line: 60'

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: 4 Length (in feet) of Each: 100, 100, 100, 100, _____, _____, _____

Width of Trenches: 24 Inches/Feet Depth to Bottom of Field: 24 Inches

If Bed, Dimensions (In Feet): _____ If Chamber System, Name: _____, No. of Units: _____

Approved and Adequate Materials Used? Yes (✓) No ( ) Size Equates to: _____ Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 75 Private (✓)/Public ( ) Water Source: 100' Property Line: 420'

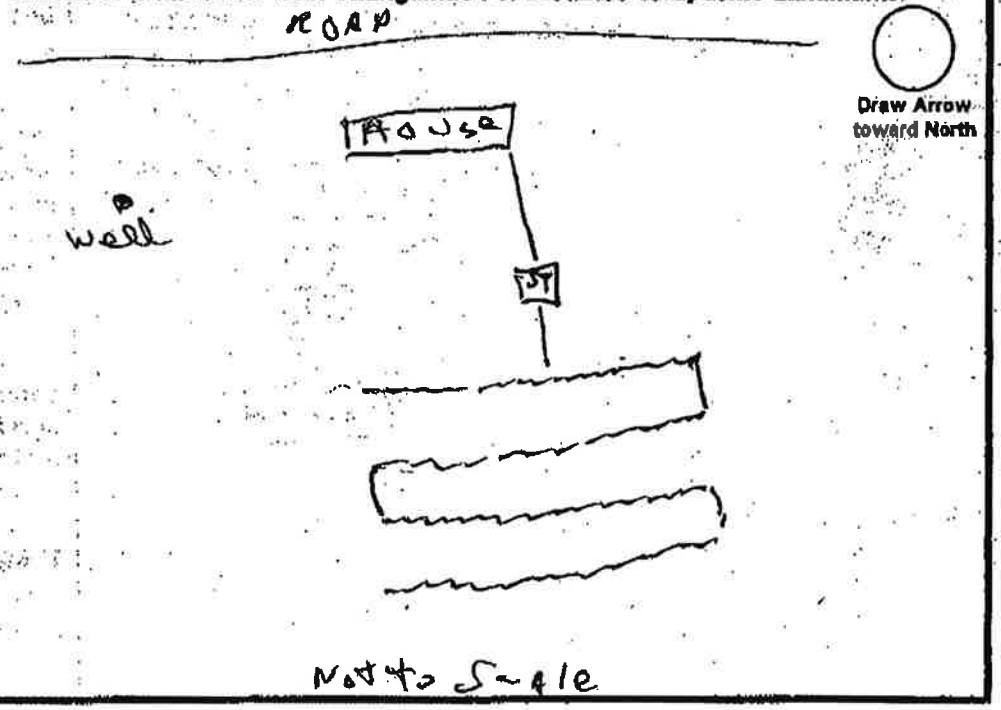
Remarks: _____

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 <u>does meet</u> 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): 9-7-00

Final Inspection Date: 6-12-00 Sanitarian: [signature]

7/96

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-00-311
Tax Map _____ Parcel # _____
County Road No.: _____

Owner: William + Martha Moreland
Address: PO Box 41 Capon Bridge, WV 26711

Certified Installer: Wendell Hoover
Address: Box 188 Capon WV 26711

You are hereby issued a permit to: [Y] Install, or [ ] modify an on-site sewage disposal system located:
Sunmore Ridge Rd Sunmore Ridge Subdivision
Deed Book 326 page 773

Facility: N.H.S.D. Design Flow: 4 BR Lot Size: 2.75 Sq. Ft./Acres Water Source: well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 3-28-00, AND THE PROPER INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SEWAGE SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

[X] Septic tank. Capacity: 1000 gallons or more, Constructed of: concrete.

[X] Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 24-36 inches from original ground surface.

[X] Gravel system: Lengths of lines: 100, 100, 100, 100, ____, ____ feet, Width: 36 inches

[ ] Chamber system: Number of units: ____, Length of lines: ____, ____, ____, ____, ____ units,
Manufacturer of chamber: _____

[ ] Bed system: [ ] Gravel, [ ] Chamber; Length: _____ feet; Width: _____ feet.

[ ] Other: x May also be 10" gravelless or equivalent 36" chamber system, Diversion Ditch if needed

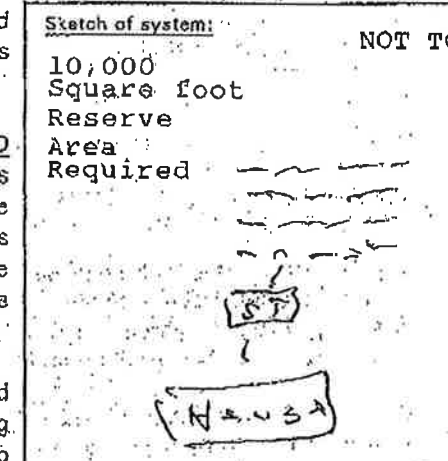
This permit is non-tranferable and automatically expires 12 months after issue date.

This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 72 hours or more prior to planned inspection time.

Sketch of system: NOT TO SCALE



Draw Arrow Toward North

6-7-00
Issue Date

8-22-511

Additional specifications on reverse:

Health Officer or Sanitarian