SW258

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

WELL COMPLETION REPORT

Date(s) 8/26-27/92 County Hampshire Permit #: DW-14-08-93-53
Town: _____ Area Name/Location High Meadows Sub. Div.
Well Owner: Daniel & Jewell Cheshire Address: HC 61 Box 26
Telephone Number: 703-858-2864 Dove Va. 22637
Well Driller: B. Mark Smith Address: H.C. 86 Box 2-A
Telephone Number: 822-4786 Springfield WV. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-20	Shale
21-359	Hard Sandrock
360.	Water
361-510	Hard Sandrock
	560 Gal Store
	60 Gph.

REMARKS:

Type of Well: Home Drilling Method: Air-hammer
Well Diameter: 6 3/4" Casing O.D.: 6 5/8"
Well Depth: 510 Date Completed: 8-27-92
CASING: Length 33 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)	150		
Pumping Rate (GPM)	1		
Pumping Level (Ft Below Grade)	500		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	12		

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. W. Smith Well Drilling
Registered Business Name
Benjamin Mark Smith 8-27-92
Signed Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-93-072

Name of Owner Grenel & Jewell Cheshire

Address HC 61 Box 26 - Gore, Va. 22637

Property Address _____

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served MH No. Water Closets _____

Lot Size Acre sq. ft. Area suitable for sewage disposal installation _____ sq.ft

Source of Water Supply Well No. Lavatories _____

No. Bedrooms 3 No. Showers or Tubs _____ No. Baths _____

No. Garbage Grinders _____ No. Automatic Washers 1

SEPTIC TANK

Material Concrete Length _____ x Width _____ x Depth _____ = _____ cubic feet

Liquid Depth _____ ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 40' Water Supply 70' Nearest Property Line _____

SOIL ABSORPTION SYSTEM

Type Drain Line Material Gravelless Trench Width 24 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 900 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media _____

No. of Drain Lines 3 Depth Filter Media Under Drain Line _____ Inches

Length of Each Line 100, 100, 100, ___ ft. Depth Filter Media Over Drain Line ___ in

Distance of Disposal Field to: (a) Dwelling 60'

(b) Water Supply 100'+ (c) Nearest Property Line _____

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

2/4/93
Date

Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

SS-182
Rev. 12/88

State of West Virginia

Hampshire County HEALTH DEPARTMENT

FOR HEALTH DEPARTMENT USE ONLY

Date Recv'd. 8-25-92 Permit #: WW______ ST______ COUNTY:______

Date Site Evaluated:______ Coordinates: N______ W______

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.

Property Owner: GERIEL E. & JEWELL M. CHESHIRE
(please print)

Address: HC-61 BOX 26 GORE, VA 22637

Date: 8/15/92 Telephone: (home) 1-703-858-2864 (business)______

[ ] Water Well [X] Sewage Disposal System

LOCATION OF PROPERTY (be specific) HIGH MEADOWS SUB - FROM RT50 UP GRASSY LICK RD. 1.3 MI. - TAKE ST. RD 70 .22 MI. (MAILBOX L.SIDE) 3RD DRIVEWAY ON RT.

Name of Subdivision: HIGH MEADOWS Section:______ Lot: 36

Size of Lot: 3.84 sq.ft./acres [X] Residence; No. of Bedrooms 2 No. of individuals served: 2

[ ] Other______

Property Deed Recorded in Book No.: 311 Page: 58 Date Recorded: 7/12/89

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.

Geriel E. Cheshire
(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:______

Business Address:______ Phone No.:______

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______

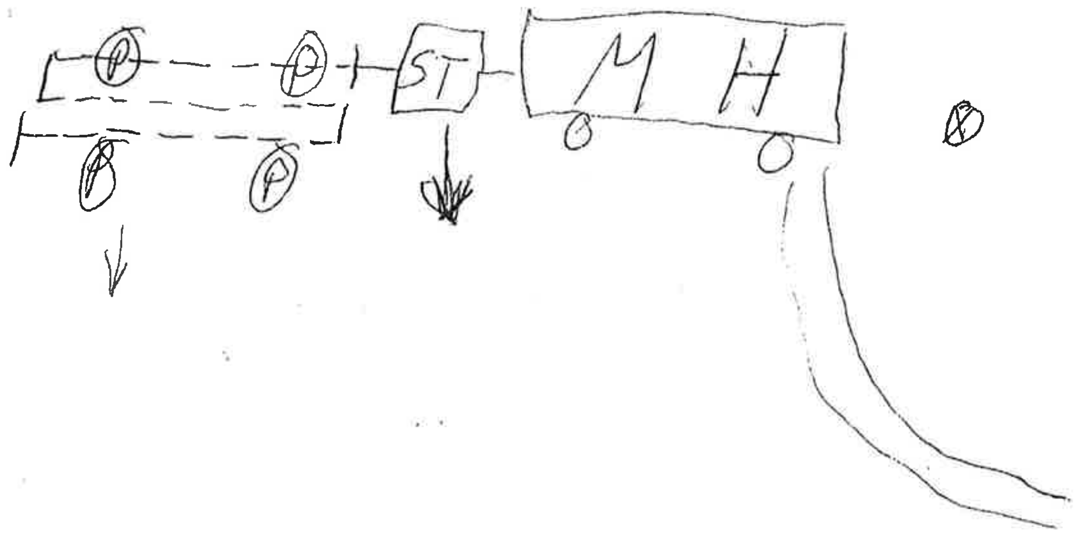
Septic Tank______ Sewage Holding Tank______

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	(P)	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 1000 Material Concrete Nearest Prop.Line ________

Absorption Field: 900 Sq.ft. with 3 lines and 100 ft long

Pipe ASTM No. Gravelless Nearest Property Line ________

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

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

PERCOLATION TEST:

TEST HOLE:	#1	#2	#3	#4
	138 minutes	324 minutes	36 minutes	96 minutes

Total minutes 594, divided by 24 = 24.75 average time for water to fall one inch.

Test done on 8/25/92 (date) using approved procedures outlined in the Design Standards.

Signed: Dan Sidwell

Dan Sidwell
Signature of Installer

59-90-0221
Certification No.

8-25-92
Date