

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

SW258

WELL COMPLETION REPORT

Date(s) 9/14/94 County Hampshire Permit #: DW-14-08-95-037
Town: _____ Area Name/Location Urban in the Forrest Lot 10
Well Owner: David W. Thompson Address: HC 77 Box 38
Telephone Number: 822-5721 Kirby WV, 26729
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	REMARKS:
0-1	Soil	Type of Well: <u>home</u> Drilling Method: <u>Air-hammer</u>
2-18	Shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
19-52	hard red Sandrock	Well Depth: <u>145</u> Date Completed: <u>9/14/94</u>
53-68	Clay	CASING: Length <u>81</u> Feet Height above ground <u>1</u> Feet
69-119	hard red Sandrock	☒ Steel ☐ Plastic ☐ Cast Iron
120-	Water	Other _____ Type _____
121-145	hard red Sandrock	
		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)	<u>55</u>		
Pumping Rate (GPM)	<u>25</u>		
Pumping Level (Ft Below Grade)	<u>15</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Trega Standard
Well Seal: Type, Make, Etc. _____
Well Platform: _____
Length _____ Width _____ Thickness _____
Grouting: ☒ Yes ☐ No pressure
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 _____
B. Mark Smith 9/14/94
Signed _____ Date _____

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Monroe County Health Department Installation Permit No. ST-14-85-030
Name of Owner David W. Thompson
Address HC 77 Box 38, Kirby, WV
Property Address Cabin in the Forest Lot #10

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served toilet No. Water Closets
Lot Size 2+ ^{acres} ~~sq. ft.~~ Area suitable for sewage disposal installation sq.ft.
Source of Water Supply well-to-be No. Lavatories
No. Bedrooms 2 No. Showers or Tubs No. Baths
No. Garbage Grinders No. Automatic Washers

SEPTIC TANK

Material concrete Length x Width x Depth = cubic feet
Liquid Depth ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 11' Water Supply 100' + Nearest Property Line 100' +
_{to be}

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravel Trench Width 24-26 Inches
Trench Depth 24-26 Inches Total Absorption area in Trench Bottom 600 sq. ft.
Diameter of Drain Line 10 Inches Type Filter Media
No. of Drain Lines 2 Depth Filter Media Under Drain Line Inches
Length of Each Line 100, 100, , ft. Depth Filter Media Over Drain Line in.
Distance of Disposal Field to: (a) Dwelling 20'
(b) Water Supply 100' + ^{to} _{be} (c) Nearest Property Line 100' +

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.

Date 8-22-94

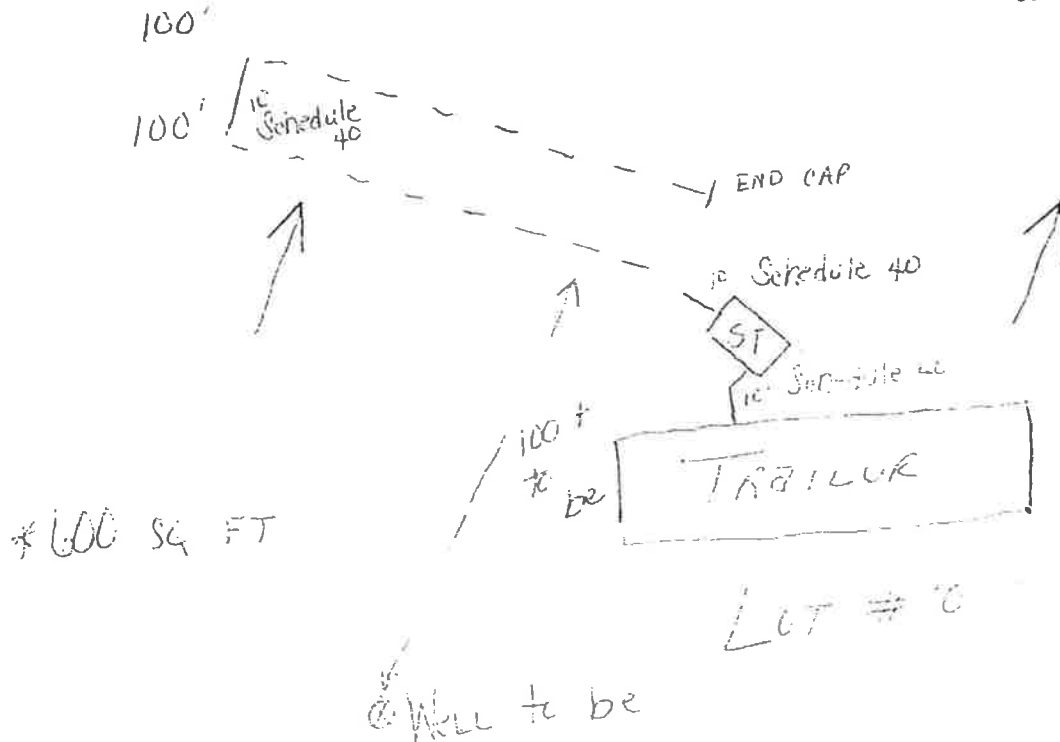
David Dunlap
Sanitarian

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.

David M. Thompson
(Kurtz, N.C.)

* Ruler
* Calm Day 1st Forest
* Lot # 10
* ST-14-95-030



HBA in the Forest

ROAD CUT → DELIVERY

- * GRAVITY PIPE INSTALLED
- * ALL LINES LEVEL TO 2 INCHES
- * PIPE INSTALLED AUGUST 1, 1994

Installed
Calm R. H. H.
ST-25-124

Permit Issued
7-27-94