

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

SW258

Longview
Lot 4

Rec
3-29-04

WELL COMPLETION REPORT

Date(s) 3-18-2004 County Hampshire Permit #: DW-14-04-62
Town: Levels Area Name/Location 1/2 mile past John J. Cornwell school, on right
Well Owner: Dave Adams Address: HC 65 Box 2300
Telephone Number: 492-5866 Springfield WV 26763
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-5	Light Red Clay	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
5-22	Red shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
22-24	Brown shale	Well Depth: <u>320'</u> Date Completed: <u>3-18-2004</u>
24-74	Red shale	CASING: Length <u>80</u> Feet Height above ground <u>1</u> Feet
74-120	Light Blue shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
120-141	Red shale	Other _____ Type _____
141-170	Light Blue shale	<u>DRIVE SHOE</u>
170-240	Red sandstone	SCREEN
240-275	Light Blue sandstone	<input type="checkbox"/> None Installed
275-320	Red sandstone	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>110</u>		
Pumping Rate (GPM)	<u>5</u>		
Pumping Level (Ft. Below Grade)	<u>318</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>2</u>		

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 record is true to the best of my knowledge and belief.

H₂O =

150' 5 GPM
210' 6 GPM

Chris Wolford 574
Name B.W. Smith Well Drilling Certification No.
Registered Business Name Chris Wolford
Signed _____ Date 3-18-2004

SS 177 7/96

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

HAMPSHIRE COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-03-221
Tax Map: G4 Parcel #: 4
County Road: _____County: HAMPSHIREName of Owner: DAVID ADAMSInstaller: DAVID ADAMSAddress: HC 65 BOX 2300 SPRINGFIELD, WV 26163Property Location: LONGVIEW LOT 4Type of Facility: HOUSEFacility is: New ☒ Existing () Lot Size: 2 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3 Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: JOLINDistance (in feet) of Tank to: Dwelling: 21' Private ☒ Public () Water Source: 100' Property Line: 20'

ON-SITE DISPOSAL SYSTEM

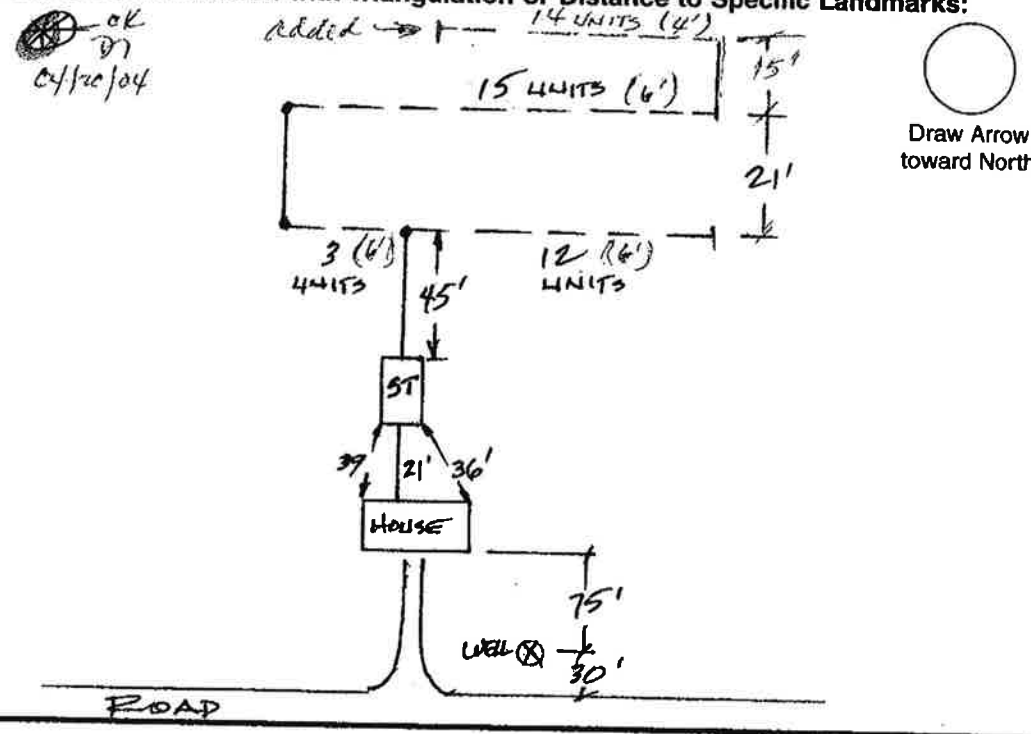
Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
Chamber Soil Absorption Trenches ☒ or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____No of Lines: 2 Length (in feet) of Each: 90 90 56Width of Trenches: 36 inches/feet Depth to Bottom of Field: 36 inchesIf Bed, Dimensions (in Feet): _____ If Chamber System, Name: INFL, No. of Units: 30Approved and Adequate Materials Used? Yes () No ☒ Size Equates to: 900 Square Feet of Standard Gravel Field.Distance (in feet) of System to: Dwelling: 65 Private () Public () Water Source: 150' Property Line: 20'Remarks: PERMIT CALLS FOR 3 LINES OF 13 UNITS EACH (80' PER LINE). ONLY 30 UNITS (TOTAL) INSTALLED. BASED ON AVG PER RATE OF 38.13 GPD/INCH

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:

Draw Arrow
toward NorthVisit Date(s) 4/02/04, 04/20/04Final Inspection Date: 4/02/04Sanitarian: [Signature]