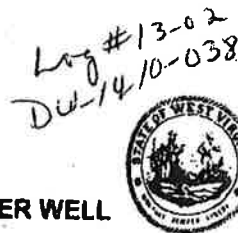


Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>10 27 09</u> PERMIT NO. DW- <u>14-10-038</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE												
LOCATION OF WELL Well Owner: Last Name <u>Hoover</u> First Name <u>Marlin</u> Street/Road <u>18 Common Dr.</u> County <u>Hampshire</u> Zip Code <u>Carlisle, PA 17015</u>															
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other		AREA NAME/LOCATION: <u>Mtn. View Estates</u> <u>Lot 7</u>	TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other												
WELL LOG		DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other Hole Diameter <u>6</u> (in) Total depth <u>225</u> (ft) CASINGS RECORD MAIN CASING TYPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other Casing Diameter <u>6 1/4</u> (in) Wall Thickness <u>.250</u> (in) Casing Length <u>100</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft) SCREEN RECORD <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft) GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>9</u> Installation Method: <u>pressure grout</u> PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>40</u> G.P.M. Static Water Level <u>58</u> (ft) *Pumping level below land surface <u>58</u> (ft) after <u>2</u> hrs. at <u>40</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Depth</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:70%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>70</td> <td>Brown Shale</td> </tr> <tr> <td></td> <td>70</td> <td>225</td> <td>Gray Shale ✓ ↳ 40.</td> </tr> </tbody> </table>		Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		0	70	Brown Shale		70	225	Gray Shale ✓ ↳ 40.	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>sanitary sealed</u> VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER:	
Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).												
	0	70	Brown Shale												
	70	225	Gray Shale ✓ ↳ 40.												
I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.															
Company Name <u>H & H Well Drilling</u> WV Contractor No. <u>036317</u> Business Registration No. <u>1050-6514</u> Master Well Driller Certification No. <u>616</u> Master Well Driller (print) <u>Robert Hill</u> Master Well Driller Signature <u>[Signature]</u>															
SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.) Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____															

SW-256
Rev 3/08
Side A

West Virginia Department of Health & Human Resources
Hampshire County Department of Health



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

Property Owner: Marlin E. Hoover Telephone: Day: 717-226-7895 Evening: _____
Mailing Address: 18 Cornman Dr. Carlisle PA 17015
Property Address with Detailed Directions: 2.9 N 7.4 miles off 50 at Mt. View Estates at Big Rock at Boben
Subdivision Name Mt View Estates Section _____ Lot 7
Facility served is: New ☐ Existing ☒ Residence ☐ Other ☐
District 09 Map 15 Parcel 15

Distance of Well from Sources of Contamination (In Feet):

Streams, Rivers & Impoundments: _____ Sewers & Drains (Non Water Tight): _____ Privies (Vault): _____
Sewage Absorption Fields: 100' Sewers & Drains (Hydrostat. Tested): _____ Sewage Holding Tanks: _____
Septic Tank: 50' Barnyard/Feeding/Watering Area: _____ Cemetery: _____ Underground Storage Tank: _____
Other: _____

Distance to Property Line: 10 Lot Size: 2.5 ac.

By signing this application, I, the property owner, acknowledge that the information provided herein is true; that I am responsible for informing the well driller of the location of any existing or proposed onsite sewage systems; and that all sewage generated onsite must be disposed of in accordance with Department of Health and Human Resources Legislative Rules 64CSR9 and 64CSR47. I further understand that it is my responsibility to consult with the local health department sanitarian for assistance in determining location of and receiving approval for any proposed sewage system. Failure to do so may result in my inability to obtain a permit to install an onsite waste water disposal system. I further understand that if I install the pump system, I must take an exam before installation and submit a completion report after installation.

Signature of Property Owner Marlin E. Hoover Date: 10/4/09

Water Well Will Be: Constructed ☒ Modified ☐ Abandoned ☐ and Will Be Used For: Potable Water ☒ Exploration ☐

Geothermal ☐ Number of Wells: _____ Other ☐

Well Driller Will Install Pump System: Yes ☐ No ☐ If No, Who Will Install: _____

Business Name, Owner or Authorized Officer: H & H Well Drilling, LLC
Business Address: P.O. Box 318 Clear Spring, MD 21722
Business Franchise Number: N/A Expiration Date: N/A Telephone: 301-842-3563
Driller Certification Number: 616 Exp. Date: 8/23/11 Liability Insurance Exp. Date: 2/12/10
Contractor's License Number: 036317 Exp. Date: 1/5/10 Issued To: H & H Drilling, LLC
Contractor's Bond or Letter of Credit Exp. Date: 9/6/10

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 Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit, current liability insurance coverage, and current business franchise number.

Signature of Certified Master Well Driller who visited site: Robert Hill Date: 10/4/09

Signature of Business Owner: Robert Hill Date: 10/4/09

SW-256

Rev. 3/08

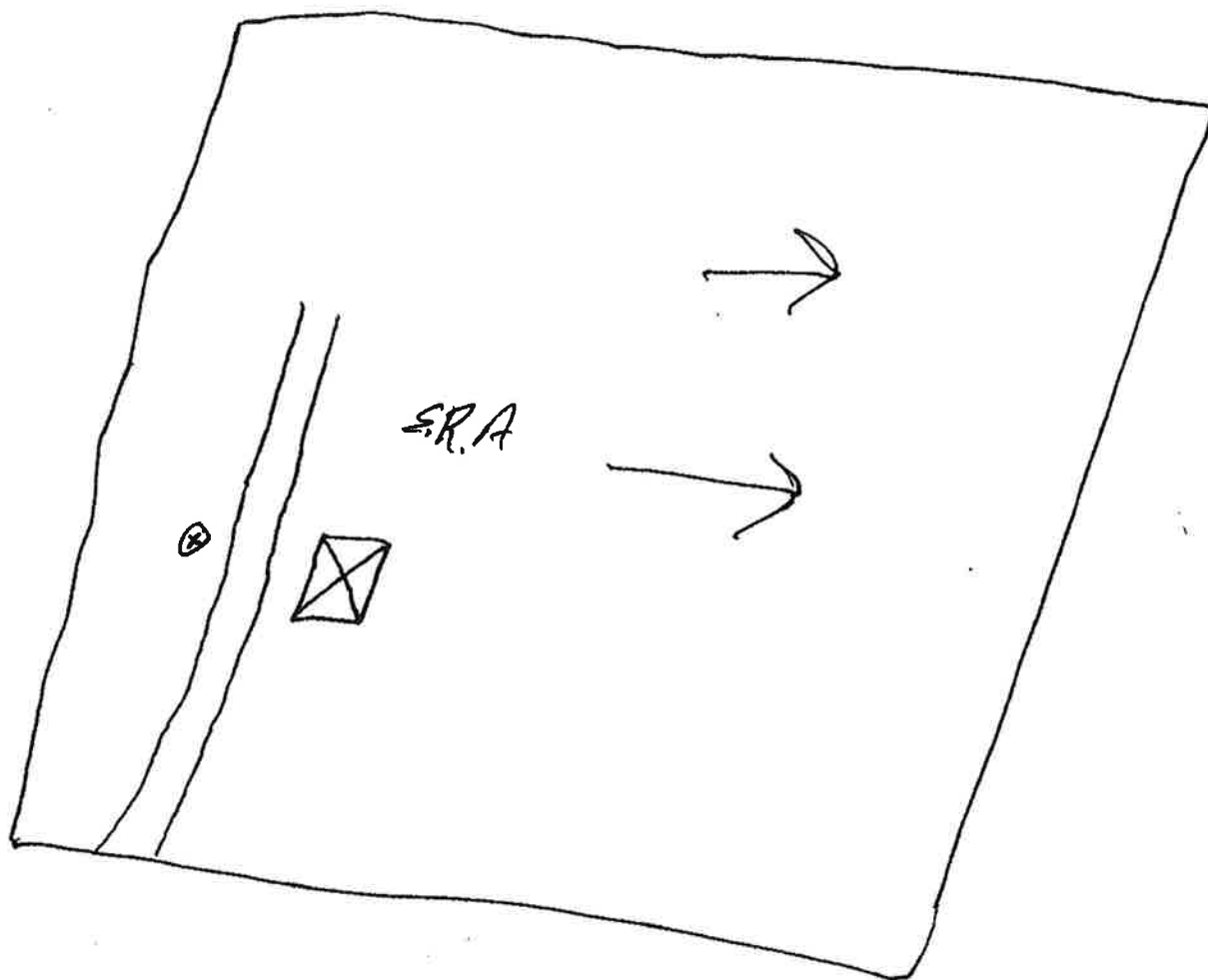
Side B

Please draw a sketch of the property showing existing or proposed well locations, and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> House/Facility | <input type="radio"/> W Existing Water Supply | <input type="radio"/> P Proposed Water Supply | <input type="checkbox"/> ST Septic Tank |
| --- Soil Absorption Line | → Dir. of Ground Slope | _____ Property line | Trees |
| Stream, Rivers and Impoundments | <input type="checkbox"/> MH Mobile Home | <input type="checkbox"/> UST Under Ground Storage Tank | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> B Barn / Barnyard | <input type="checkbox"/> FP Fertilizer and Pesticide Storage | <input type="checkbox"/> STF Sewage Treatment Facilities | |



North

**FOR HEALTH DEPARTMENT USE ONLY**

County: _____ Coordinates: Lat: _____ Long: _____ Date Received: 10-7-09
 Date Site Evaluation: _____ Reviewed by: _____ Date Fee Paid: _____ Received From: _____
 Contractor's Bond/Letter of Credit Exp. Date Verified By: _____ Liability Insurance Exp. Date Verified By: _____
 Water Well Permit ☐ Issued ☐ Denied Permit No.: _____ Comments: _____

Receipt # 022864

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # ST-14-12-36

Name of Owner: Marlin E. Hoover Installer: Jason Hott
Address: 18 Cornman Drive, Carlisle, PA 17015
Property Location: Mountain View Estates Lot 7 Lot Size: 2.51 ac Acres
Type of Facility: Residence Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Pump Chamber gal
Distances (in feet) of Tank to: Dwelling 13
Private ☒ Public ☐ Water Source: 105' Property Line: 111

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter In.
Chamber Soil Absorption Trenches (☒) or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () LPP ()
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other:

No. of Lines: 2 Length (in feet): 90's
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches
If Bed, Dimensions (in feet): Size Equates to 900 sq ft of SGF
Distance (in feet) of System to: Dwelling 61'
Private (☒) Public () Water Source: >100 Property Line: 45'

Remarks:

GPS: N39 10 50.1 W78 30 3.1

An inspection indicates that
The sewage disposal system
Described above

DOES MEET ☒

DOES NOT MEET ☐ or

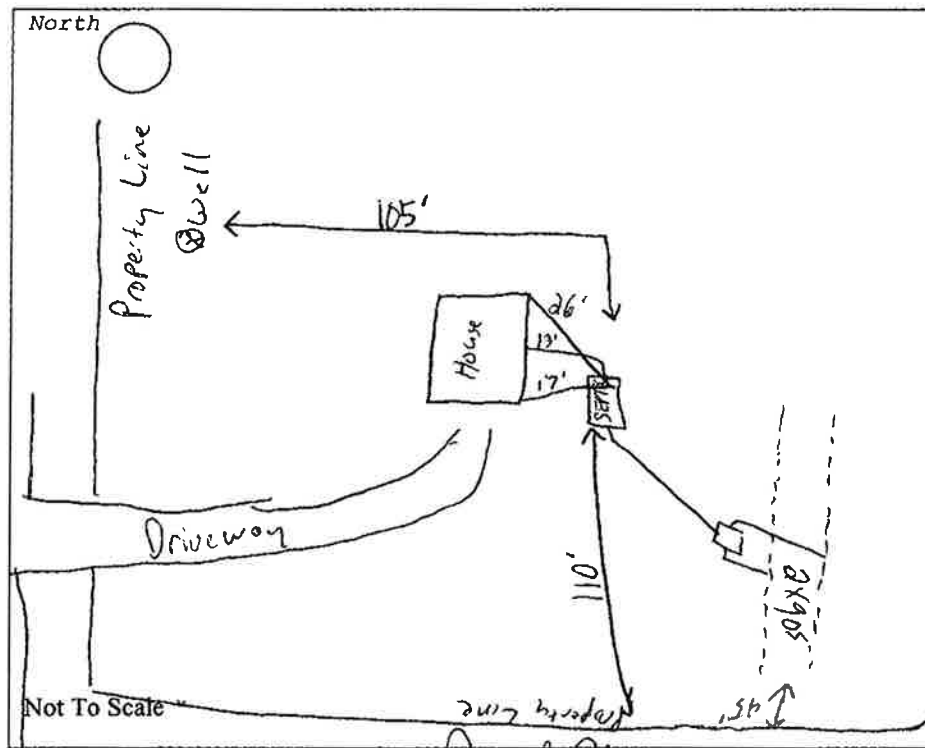
CANNOT BE DETERMINED TO

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.

Visit Date(s): 11/08/2011



FINAL INSPECTION DATE: 11/08/2011

SANITARIAN: Devin Hott

R.S.

SS-182A
Rev. 8/01
Side A

Hampshire DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA

150
#04-08



APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
A SMALL SEWAGE DISPOSAL SYSTEM

Property Owner(s) MARLIN E. HOOVER Soc. Sec. No.(s) N/A
Address 18 CORNWAN DRIVE
City, State, Zip CARLISLE PA. 17015 Telephone: (H) 226-7895 (W) _____
Location of property (be specific) 3 mile south on Rt 29 from Rt 50.
Mountain View Estates on Right Stay on wild dog rd, Rt on Big Rock
Facility served is: ☐ New ☒ Existing Size of Lot 2.51 sq. ft. (acres) Water Source: well
Type Facility: ☒ Residence: No. of bedrooms 3 No. of individuals served 2
☐ Other _____
Property Deed Recorded in Book No. 331 Page 608 Date Recorded 2/11/08
County tax map 15 Parcel No. 15
Name of subdivision Mountain View Estates Approval No. _____ Section _____ Lot 7

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

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 sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

Date: 10/10/11

Signature of Owner: Marlin E. Hoover

PERCOLATION TEST

Percolation Test: Test Holes #1 = 135 mins. #2 = 141 mins. #3 = 131 mins. #4 = 160 mins.
Total minutes = 567 divided by 24 = 24 average time for water to fall one inch.

Six-foot hole free of water or solid rock? ☒ Yes ☐ No

Test conducted on (date) 2/11/08 using approved procedures outlined in the Design Standards.

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the design standards. In the event that the percolation rate has received previous approval in a subdivision application to the health department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Date: 10/10/11

Signature of Owner: Marlin E. Hoover

FOR HEALTH DEPARTMENT USE ONLY

County: _____ Coordinates N _____ W _____ Date Recv'd. 10-14-11
Date Site Evaluation _____ Reviewed by _____ Date Fee Paid _____ Received From _____
Sewage Permit ☐ Issued ☐ Denied Permit No. _____ Comments _____

SS-182A
Rev. 8/01
Side B

SEWAGE DISPOSAL SYSTEM INFORMATION

Application is for a permit to: ☒ Install ☐ Modify
Check all that apply: ☒ Septic Tank ☒ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy
☐ Alternate System (attach detailed plans) ☐ Chemical/Composting Toilet ☐ Other: _____

Septic Tank: Capacity (gallons) 1000 Material concrete Manufacturer Jolin

Absorption Field: Equivalent to 900 sq.ft. of conventional gravel trench system.

☐ Trench System: No. of lines _____ Lengths _____ ft. Pipe ASTM No. _____

☐ Gravel Trench Width _____ inches; or Gravelless Pipe Diameter _____ inches

☒ Chamber System: Manufacturer Quick 43 No. of Chambers 45

☐ Soil Absorption Bed (Requires oversizing of bottom surface area by 30%.)

If soil absorption bed: Length _____ feet by Width _____ feet Pipe ASTM No. _____

If chamber system: Manufacturer _____ No. of Chambers _____

Distances in feet (to nearest) Septic tank to Bldg. foundation 10' Property line 10' Water supply 50'
Absorption field to: Bldg. foundation 10' Property line 10' Water supply 100'

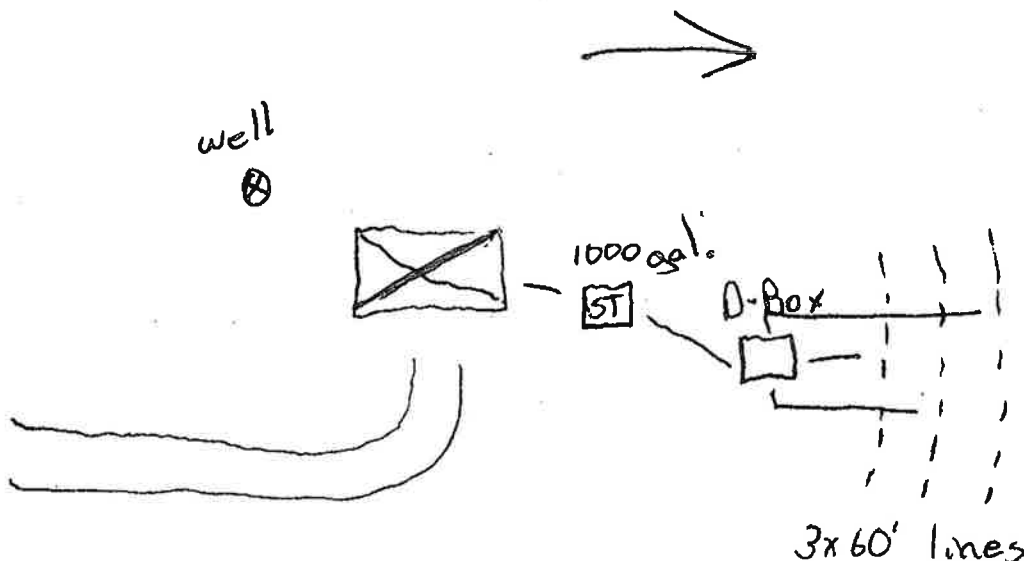
I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Installer (please print) Jason Hott Telephone 304.496-1277
Business Address HC 78 Box 163 Augusta WV 26704
Installer's Certification Number 54-05-A-0079 Expiration Date 12/6/15
Dept. of Labor Contractor's License No. 044800 Exp. Date 11/12/11 Issued to J.M. Hott Exc.
Date: 10/11/11 Signature of Installer: [Signature]

SKETCH

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

☒ House -x- Water supply line ☒ Water Supply ||||| Trees (P) Percolation test site ☒ ST Septic tank
---- Soil absorption line → Direction of ground slope _____ Property line ☒ MH Mobile Home



Permit # ST-14-12-36

STATE OF WEST VIRGINIA
HAMPSHIRE COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Owner: Marlin E. Hoover

Address: 18 Cornman Drive, Carlisle, PA 17015

Installer: Jason Hott

Address: HC 78 Box 163, Augusta, WV 26704

You are hereby issued a permit to: install an on-site sewage disposal system located at:Mountain View Estates Lot 7Tax District Tax Map 15 Parcel # 15Facility: Residence Design Flow: 3 Lot Size: 2.51ac Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 10/17/2011, AND THE PROPER INSTALLATION OF THE HERIN 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:☒ Septic tank—Capacity: 1000 gallons or more, Constructed of precast concrete.☒ Soil disposal system with a minimum equivalency of 900 sq ft of conventional gravel trench area.Depth to the bottom of the trench installation shall be: 24 inches from original ground surface. Width 36 inches.☐ Gravel system: Number of Lines: Length of lines:☒ Chamber system: Number of Lines: 3 Length of lines: 60's☐ Class II System: _____☐ Other: _____

GPS Coordinates: North 39 10 50.1 West 78 30 3.1

This permit is non-transferable 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.

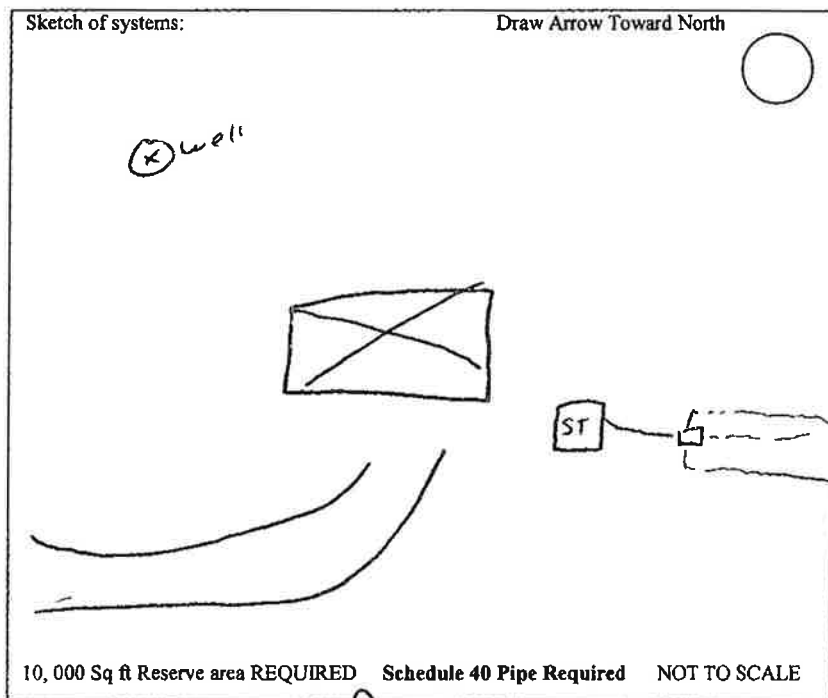
Issue date 10/25/2011

(304) 496-9641

County Office Phone Number

Sketch of systems:

Draw Arrow Toward North



10, 000 Sq ft Reserve area REQUIRED Schedule 40 Pipe Required NOT TO SCALE

Dennis Haggard
Health Officer or Sanitarian