

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

SW258
10/01

Rec 6-18-03

WELL COMPLETION REPORT

Date(s) 6/5/03 County Hampshire Permit #: DW-14-03-233
Town: _____ Area Name/Location Monument Hill lot 9
Well Owner: Daniel Stonebraker Address: P.O. Box 4262
Telephone Number: 540-868-1854 Winchester VA 22604
Well Driller: B. Mark Smith Address: P.O. Box 448
Telephone Number: 304-822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-25	Red Shale	Type of Well: <u>home</u> Drilling Method: <u>Air-hammer</u>
26-118	hard red sandrock w/ layers red shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8</u>
119-	Water	Well Depth: <u>260</u> Date Completed: <u>6/5/03</u>
120-164	hard dark gray sandrock	CASING: Length <u>70</u> Feet Height above ground <u>1</u> Feet
165-	Water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
166-200	hard gray sandrock	Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	360 Gph	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	90		
Pumping Rate (GPM)	6		
Pumping Level (Ft. Below Grade)	260		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	2		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Watertight
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 B.W. Smith Well Drilling Certification No. _____
Registered Business Name Benjamin Mark Smith #001
Signed _____ Date _____

SS 111 1/150

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-03-154Tax Map: G Parcel #: 49

County Road: _____

County: Namptaire ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Name of Owner: Daniel Stonebraker Installer: CARL COWGILL
 Address: P.O. BOX 4262 WINCHESTER, VA
 Property Location: MONUMENT HILL LOT #9
 Type of Facility: NO-SC Facility is: New (X) Existing () Lot Size: 1.54 Sq. Ft. (Acres)
 Design Loading in gpd/No. Bedrooms: 3B Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: S. I. D.
 Distances (in feet) of Tank to: Dwelling: 15 Private (X)/Public () Water Source: 50+ Property Line: 10+
to be

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
 Chamber Soil Absorption Trenches (X) 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: 3 Length (in feet) of Each: 100, 72, 72
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: inf. filter No. of Units: 42
 Approved and Adequate Materials Used? Yes () No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 35 Private (X)/Public () Water Source: 100+ Property Line: 10+
to be
 Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (X),
DOES NOT MEET (),
CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

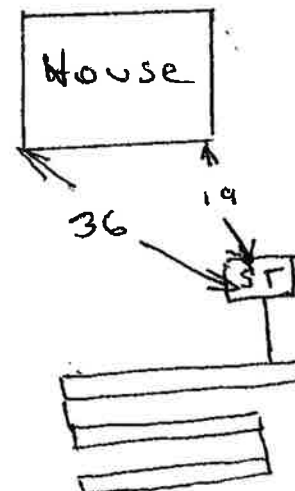
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

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:

4-18-03
 No well

NOT TO SCALE



Draw Arrow
toward North

Visit Date(s): 12-4-02Final Inspection Date: 4-18-03Sanitarian: J. K. R.