

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

Hampshire

SEP 17 2003

SW258

Co. Health

WELL COMPLETION REPORT

Date(s) 9/12/03 County Hampshire Permit #: DW-14-04-14
Town: _____ Area Name/Location _____
Well Owner: Scott & Karen Mullins Address: HC 64 Box 1635
Telephone Number: 822-7903 Romney WV 26757
Well Driller: B. Mark Smith Address: P.O. Box 440
Telephone Number: 822-4784 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-23	shale	Type of Well: <u>home</u> Drilling Method: <u>Arc hammer</u>
24-111	hard Sandrock	Well Diameter: <u>6'18"</u> Casing O.D.: <u>65/8"</u>
112-	water	Well Depth: <u>160'</u> Date Completed: <u>9/12/03</u>
113-129	hard Sandrock	CASING: Length <u>42'</u> Feet Height above ground <u>1</u> Feet
130	water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
131-144	hard Sandrock	Other _____ Type _____
150	water	
151-160	hard gray shale	
		SCREEN
		<input checked="" type="checkbox"/> 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>80</u>		
Pumping Rate (GPM)	<u>50</u>		
Pumping Level (Ft Below Grade)	<u>160</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1 1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Water tight
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. Mark Smith Certification No. _____
Registered Business Name: Smith Well Drilling
Signed: B. Mark Smith Date: 9/12/03

SS 1/1 1/96

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-04123Tax Map: 4 Parcel #: 54

County Road: _____

County: W. VirginiaON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Name of Owner: Scott and Karen Mullins Installer: Gary Mullins
 Address: HC 64 Box 1435 Romney, WV 26757
 Property Location: Jerry Mt Rd, 5 miles on left
 Type of Facility: House Facility is: New ☒ Existing ☐ Lot Size: 16.15 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Nold
 Distance (in feet) of Tank to: Dwelling: 28 Private ☒ Public ☐ Water Source: 100 Property Line: 100

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: _____

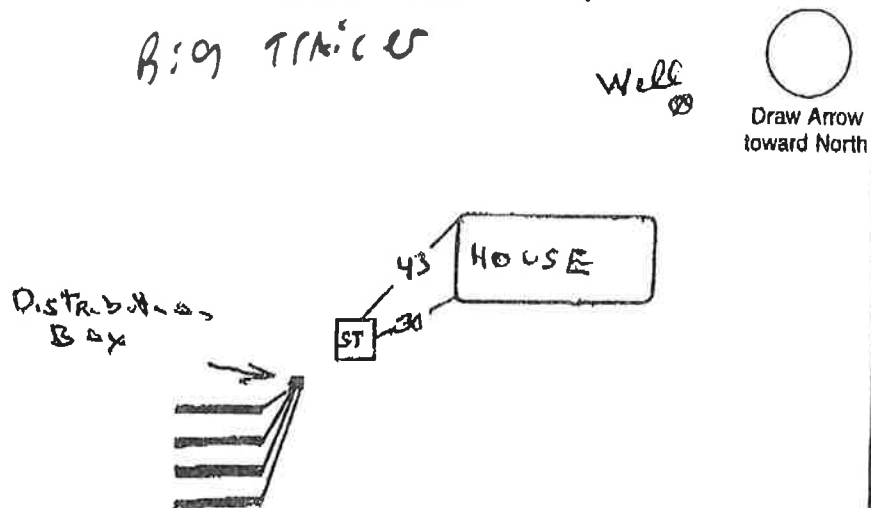
No of Lines: 4 Length (in feet) of Each: 60 . 60 . 60 . 60
 Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: infiltrator, No. of Units: 40
 Approved and Adequate Materials Used? Yes ☒ No ☐ Size Equates to: 1000 Square Feet of Standard Gravel Field.
 Distance (in feet) of System to: Dwelling: 60 Private ☒ Public ☐ Water Source: 120 Property Line: 100
 Remarks: Current Drain is Customer's Option

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:

Visit Date(s) 12-8-03Final Inspection Date: 3-1-04Sanitarian: [Signature]

SS 777 7/96

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-05305
Tax Map: 4 Parcel #: 542
County Road: _____County: HampshireName of Owner: SCOTT/KAREN MULLINSInstaller: G. MULLINSAddress: HC 64 BOX 1365 ROMNEY WV 26757Property Location: JERSEY HUNT RD (6 1/2 MI) 2ND DRIVEWAY TO LEFT AFTER LARGE BARN SHEDType of Facility: RESIDENCE Facility is: New ☒ Existing () Lot Size: 16.15 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 2 BL Source of Water Supply: WELLCapacity in Gallons: 1000 Material: concrete Manufacturer: _____
Distance (in feet) of Tank to: Dwelling: 25 Private ☒ Public () Water Source: WELL Property Line: 150'SEWAGE TANK COMPONENT
ON-SITE DISPOSAL SYSTEMClass 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: 3 Length (in feet) of Each: 60 , 60 , 60
Width of Trenches: 3 inches/feet Depth to Bottom of Field: 24 inchesIf Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 900 Square Feet of Standard Gravel Field,
Distance (in feet) of System to: Dwelling: _____ Private ()/Public () Water Source: WELL Property Line: 150'

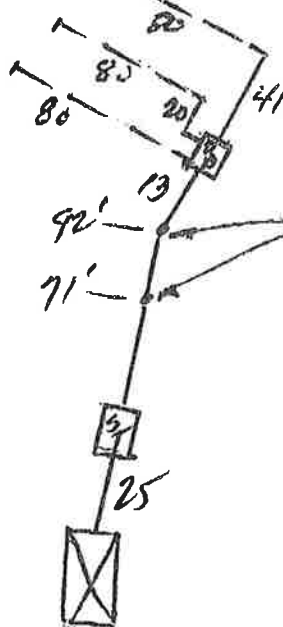
Remarks: _____

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:

WELL SHARED W/ ADJ PROP.
(CHERIE MULLINS)Visit Date(s) 4-25-05Final Inspection Date: 6-27-05Sanitarian: D. Aket