WV Department of Health and Human Resources

Bureau for Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

Hampshire

DEC 2 9 2006

WELL COMPLETION REPORT

Co Health

11-8-06	County	H	IAM	PSHIRE Permit #: 0W-14-07-051
Date(s) SPEING FIELD	Aroa	Iamoll oc	eation	GRACE'S CABIN RO, - FIRE TOWER
CHARIES + JOAN	WF	SN	FAD	Address: 976 WOODLAND CIRCLE
Well Owner: 410 - 757-	714	16		ANNAPOLIS, MP 21409
Telephone Number:	1 6	RIL	MG	ANNAPOLIS, MD 21409 P.O. BOX 440
Well Driller: 3/4- 49L	2- 9°	977		SPRINGFIELD, WV 26763
DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND I	E MATE	DEADIN	c R	EMARKS:
KIND, THORNESO, 7440 I				ype of Well: DOMESTIC Drilling Method: AIR D-T-H-
0-20 Yellow SHO	-1	4.10	T;	ype of Well: Drilling Method: Drilling Method: Casing O.D.: 698
21-235 HAID Gray			v	Vell Diameter: Casing O.D.:
236. WATER			_ \ v	Vell Depth:
237-600 HARA GIA	}	Maj	c	ASING: Length 9 Feet Height above ground Feet
				Steel Plastic Cast Iron
				OtherType
				CREEN
				None Installed
				ype Diameter
				Slot/Gauge Length
	_		8	Set Between Ft. and Ft
PUMPING OR BAILING TEST				WELL HEAD
DETAILS	#1	#2 ;	#3 F	Pitless Adapter: Type, Make, Etc.
Static Water Level (Ft. Below Grade)	25	WE .		Nell Cap: Type, Make, Etc.
Pumping Rate (CPM) 45 64		48		Well Seal: Type, Make, Etc.
	500			Well Platform:
Duration of Test (In Hours)	1			ength Width Thickness
Recovery Time to Static Level (In Hours	74	EST		
Recovery time to diano zover (in France)	4_/		,	Grouting: Yes No All Public Water Supplies must be grouted.
I hereby certify that this well was drilled and	constru	cted und	er my sup	pervision, in compliance with all requirements of the referenced permit, and that this record
is true to the best of my knowledge and belie	ef.			_
			-	B, MARK SMITH 00) Name W, SMITH WELL DRILLING Certification No.
				Registered Business Name //- 8 - 06
			9	Signed Date

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

Permit # ST-14-08-08A
Name of Owner: Charles & Joanne Snead Installer: David Adams
Address: 976 Woodland Circle, Annapolis, Md 21409
Property Location: John Barton Lot Size: 30.01AC Acres
Type of Facility: Residence Facility is: X New Existing
Design Loading in gpd/# Bedrooms: 4 Source of Water: Well
SEWAGE TANK COMPONENT
Capacity in Gallons: 1000 Material: precast concrete Manufacturer:
Pump Chamber gal
Distances (in feet) of Tank to: Dwelling 105'
Private X Public Water Source: > 100' Property Line: > 100'
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 ()
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches (X) or Bed () Other:
No. of Lines: 3 Length (in feet) of Each: 80'
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 12_ inches
If Bed, Dimensions (in feet): If Chamber System, Name:, No. of Units:
Approved and Adequate Materials Used? Yes (X) No () Size Equates to 1200 sq ft of SGF
Distance (in feet) of System to: Dwelling 130' Private () Public () Water Source: > 100' Property Line: _> 100'_
Water Source: > 100'_Property Line: _> 100'_ Remarks:
GPS: N39 25 46.9 W78 47 3.1
GPS: N39 23 40.9 W/O 4/ 3.1
An inspection indicates that North
The sewage disposal system Described above

DOES MEET XDOES 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, ${\tt Modifications}\ {\tt to}\ {\tt existing}\ {\tt systems}$ 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)	:		
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FINAL INSPECTION DATE: 9/18/2008

SANITARIAN:

WV Department of Health and Human Resources Bureau of Public Health

Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

7-24	1-06 Count		HAM	P	5HIRE Permit #: 0W-14-06-349
Date(s)	C (E) D	Joma'l	neation	6	RACES CABIN RD.
Town: SFK////G	PIECO Area I	i <i>F</i> <		<u>Θ</u> ,	Address: 976 WOODLAND CIECLE
Well Owner: <u>CHRI</u>	RIEST SURING	111	NULT		ANNAPOLIS, MD 21409
Telephone Number: _	410-151-1	001	11415	-	PO BOY WID
Well Driller: B.W.	SMITH WELL	VEIC	ار الان 9	2	Address: P.O. BOX 440
Telephone Number: _	309-496-4	11			SPRINGFIELD, WU 26763
WELL LOG					DEMARKO.
DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF	WATER	BEARING		REMARKS:
0-2	TOP SOIL				Type of Well: DOMESTIC Drilling Method: AIR D.T. H.
2-30	CLAY / SOFT	LEU	OW S	HACE	Well Diameter: Casing O.D.: 65/81
_	BROWN SH				Well Depth: Date Completed:
30-42				_	CASING: Length 60 Feet Height above ground 1 Feet
42-900	HARO GRA	8 3	HINC		Steel □ Plastic □ Cast Iron
					Other
					Туре
					SCREEN
					None installed
					Type Diameter
					Slot/Gauge Length
					Set Between Ft. and Ft.
					Set Between Pt. and Pt. and
PUMPING OR BAILI	NG TEST				WELL HEAD
	ETAILS	#1	#2	#3	Pitless Adapter: Type, Make, Etc.
Static Water Level	(Ft Below Grade)				Well Cap: Type, Make, Etc.
		0 11	10	14	Well Seal: Type, Make, Etc.
Pumping Rate (GP			-10		Well Platform:
Pumping Level (Ft.	Below Grade)	900			Length Width Thickness
Duration of Test (In	Hours)	1			Grouting: ☑ Yes ☐ No
Recovery Time to S	Static Level (In Hours)				All Public Water Supplies must be grouted.
I hereby cortify that t	his well was drilled and cor	structe	d under n	ny sui	pervision, in compliance with all requirements of the referenced permit, and that this record
is true to the best of	my knowledge and belief.			1	_ 2
					B, MARK SMITH DOI Name B. W. SMITH WELL ORILLING Certification No.
					Registered Business Name 7-24-0/-
					Registered Business Name 7 - 24 - 06

SWEAD CHARLES S & JOANNE S SWEAD CHARLES S & JOANNE S SWEAD CHARLES S & JOANNE S SWEAD CHARLES S & SWEAT S		IAXING DISTRICT	וכו	LEGALD	LEGAL DESCRIPTION			
11 10 10 10 10 10 10 10		ROMNET				£.		
33 2.3	MAP NO.	PARCEL NO.		LOT SIZE		ACR	EAGE	
SNEAD CRARLES S & JOANNE S 9/9/92 9/9/92 146. 12:06-4 MAP CARD	33	2.3				*	01 AC	97
SNEAD CHARLES S & JOANNE S SNEAD CHARLES S & JOANNE S SNEAD CHARLES S & JOANNE S 11/10/93 348 285 9/9/94 376 1468 12:06-4 MAP CARD (R-90)					an, photographic for	1	19.9	440
SWEAD CHARLES S & JOANNE S 11/10/93 348 285 376 376 376 376 376 376 376 376 376 376		OWNER'S NA	ME	ADDRESS	ACQUIRED		PAGE NO.	INDICATED SALE PRICE
16R 12:06-4 MAP CARD	1 SNEA	တ	JOANNE		11/10/93	348	285	28 500.
LGR 12:06-4 (R-90)					86/6/6	386	3/6	
LGR 12:06-4 (R-90)	6							
LGR 12:06-4 (R-90)	4							
LGR 12:06-4 (R-90)	6							
LGR 12:06-4 (R-90)	•							
LGR 12:06-4 (R-90)	7							
LGR 12:06-4 (R-90)	8							
LGR 12:06-4 (R-90)	0							
	10							
	LGR 12:(R-90)	-	Q					