

WV STATE DEPARTMENT OF HEALTH
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

Per
11-1-02

WELL COMPLETION REPORT

Date(s) 10-25-02 County Hamshire Permit #: DW-14-03-70
 Town: springfield Area Name/Location Lake Ferndale Lot #31
 Well Owner: Jeff & Randy Miller Address: P. O. Box 952
822-4092 romney, WV 26757
 Well Driller: Christopher Wolfoed, Address: P...O. Box 952
822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: Pressure Grouted
0-1	Dirt & Clay	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
1-14	Red clay	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
14-17	Soft Shale & Dirt	Well Depth: <u>200</u> Date Completed: <u>10-23-02</u>
17-37	Brown Shale	CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
37-42	Gray Shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
42-200	Blue Shale	Other _____ Type _____
		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>70</u>		
Pumping Rate (GPM)	<u>11</u>		
Pumping Level (Ft Below Grade)	<u>185</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. rover W/1" Conduit
 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.

Christopher Wolford 574
 Name Certification No.
Miller Bros. Drilling
 Registered Business Name
Chris Wolford 1-24-02
 Signed Date

33 111 1100

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: 51-14-03-19

Tax Map: 2 Parcel #: 67

County: Hampshire

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County Road: _____

Name of Owner: Randal and Jeffery Miller Installer: Jeffery Miller

Address: P.O. Box 952 Romney, WV 26757

Property Location: Lake Fernvale Lot #31

Type of Facility: House Facility is: New (X) Existing () Lot Size: 5 Sq. Ft. (Acre)

Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1050 Material: Concrete Manufacturer: J & W

Distances (in feet) of Tank to: Dwelling: 10' Private (X) Public () Water Source: 110 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: 2 Length (in feet) of Each: 90, 90, _____, _____, _____, _____

Width of Trenches: 36 inches/foot Depth to Bottom of Field: 36 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: infiltration No. of Units: 30

Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 900 Square Feet of Standard Gravel Field

Distances (in feet) of System to: Dwelling: 10' Private (X) Public () Water Source: 140 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.

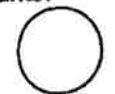
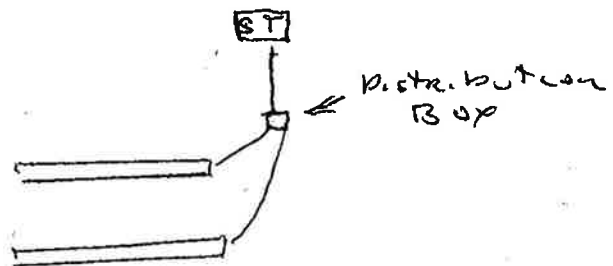
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

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:

7-16-03
No House

well

Draw Arrow
toward North

Visit Date(s): 10-1-02

Final Inspection Date: 7-16-03

Sanitarian: J. Miller