SW258

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

WELL COMPLETION REPORT

Date: Oct. 26, 1998 County: Hardy Permit #: DW1698071

Rockoak Area Name/Location: Rock Oak Sub. Lot # 1, co. Rt. 1/6

Owner: Lance & Jacqueline Lynch Address: HC 77 Box 25 A

Telephone Number: 302-422-0465 Kirby, WV 26729

Well Driller: Randal C. Miller Address: P. O. Box 952

Driller's Phone Number: 304-822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS KIND, THICKNESS, AND IF WATER BEARING
0 - 60'	Brown Shale-unconsolidated
60 - 70	Blue Sandstone-Bedrock
	Set & Grouted Casing
70 - 91	Blue Sandstone-consolidated
91 - 98	Brown Sandstone-consolidated
98 - 117	Blue Sandstone-consolidated
117 - 121	Brown Sandstone-consolidated
121 - 200	Limestone-Water 3 GPM
200 - 275	Limestone-Water 7 GPM
275 - 320	Limestone-consolidated
	Stopped Drilling

REMARKS

Type of Well: DW Drilling Method: Air Rotary Hammer

Well Diameter: 6" Casing O D: 6 5/8"

Well Depth: 320' Date Completed: 10-26-98

CASING Length: 71 Feet Height above ground: 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☒ 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)	150		
Pumping Rate GPM	10		
Pumping Level (Ft Below Grade)	305		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	2		

WELL HEAD

Pitless Adapter Type, Make, Etc _____

Well Cap Type, Make, Etc: Royer-Conduit type

Well Seal Type, Make Etc _____

Well Platform

Length _____ Width _____ Thickness _____

1 bag

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

Randal C. Miller — Name

432 — Certification No

A & S Well Drilling and Pump Co. — Registered Business Name

Randal C. Miller — Signed

Oct. 26, 1998 — Date

SS 177 7/98

INSPECTION TO BE PRINTED OR TYPED

County: HARDY

STATE OF WEST VIRGINIA
HARDY COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-16-99-135

Tax Map: _____ Parcel #: _____

County Road: _____

Name of Owner: LANCE F. & JACQUELINE D. LYNCH Installer: CARL SINDY

Address: HC 77, Box 25A, KIRBY, WV 26755

Property Location: ROCK OAK SUBDIVISION, ROCK OAK, WV

Type of Facility: HOME Facility is: New (X) Existing ( ) Lot Size: 5.07 ~~Sq. Ft.~~/Acres

Design Loading in gpd/No. Bedrooms: 2 BRM Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: _____

Distances (in feet) of Tank to: Dwelling: 28' Private (X)/Public ( ) Water Source: >100' Property Line: >10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X), Diameter: 10 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: 2 Length (in feet) of Each: 100, 100, _____, _____, _____, _____, _____

Width of Trenches: 18 inches/feet Depth to Bottom of Field: 18-30 Inches

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

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 600 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 40' Private (X)/Public ( ) Water Source: >115' Property Line: >10'

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.

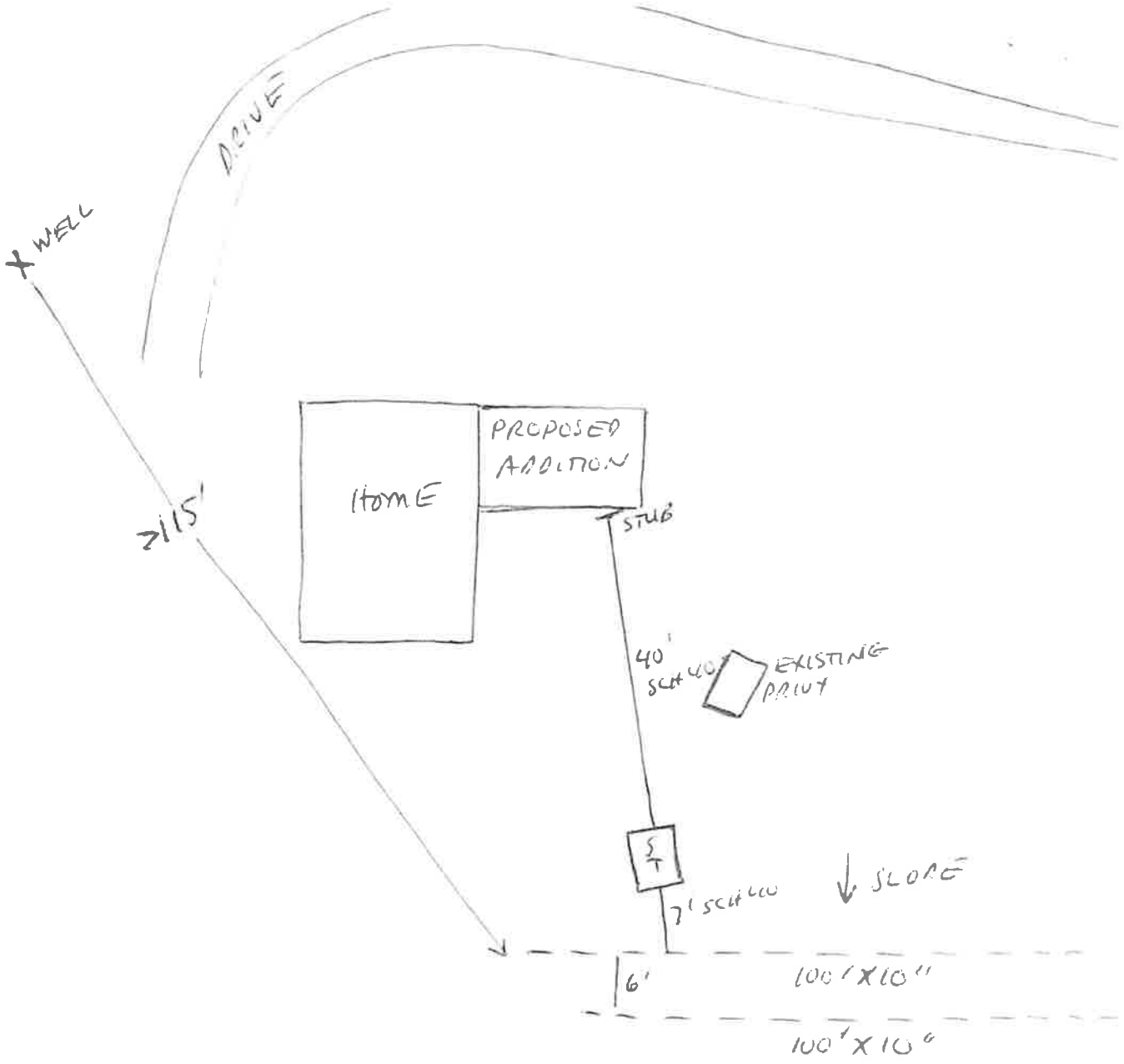
Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Draw Arrow toward North

Visit Date(s): _____

Final Inspection Date: 11-19-99

Sanitarian: Lamoore K. Thompson, R.S.


DRIVE
WELL
>115'
HOME
PROPOSED ADDITION
STUB
40' SCH 40
EXISTING PATIO
S/T
7' SCH 40
SLOPE
6'
100'X10"
100'X10"