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Petersburg WV 26847

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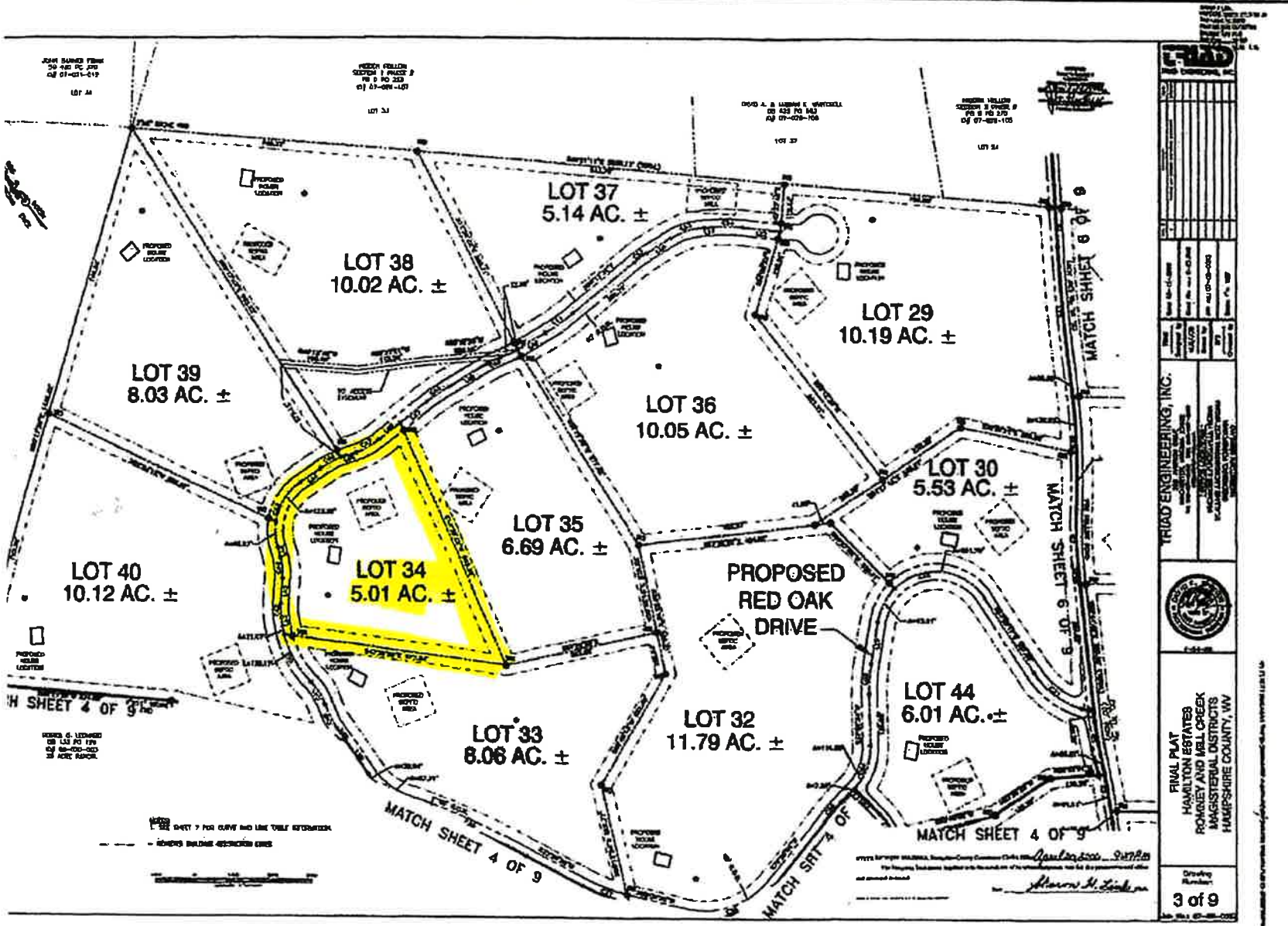

Rec'd 8-9-12

Rev. 2/11

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
___ ___ ___

DATE THE WELL WAS COMPLETED
MM DD YY
6 8 2012

PERMIT NO.
DW- 14-12-072

West Virginia Department of Health and Human Resources
BUREAU FOR PUBLIC HEALTH

WATER WELL COMPLETION REPORT

FORM SW-258
THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name Paugh First Name WARREN & KAREN
Street/Road FOX HOLLOW County HAMPSHIRE Zip Code

Latitude: ___ Deg ___ Min ___ Sec
Longitude: ___ Deg ___ Min ___ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
HAMILTON ESTATES LOT 34

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other ___

WELL LOG

Depth From (ft.)	Depth To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	20	Brown Shale
20	37	Gray + Brown shale
37	400'	Gray shale

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other

Hole Diameter 6 (in)
Total depth 400 (ft)

CASINGS RECORD
MAIN CASING TYPE
☒ Steel ☐ Plastic
☐ Other ___
Casing Diameter 6 5/8 (in)
Wall Thickness .188 (in)
Casing Length 61 (ft)

Other Casing or Liner Used
Type ☐ Steel ☐ Plastic
☐ Other ___
Casing/Liner Diameter ___(in)
Length ___(ft) from ___(ft) to ___(ft)

SCREEN RECORD
☒ Not Installed ☐ Installed
Material: ☐ Bronze ☐ Plastic
Diameter of screen ___(in)
Slot size ___
Length ___(ft) from ___(ft) to ___(ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From ___(ft) to ___(ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other ___
No. of Bags: 3
Installation Method:
PUMPED

PUMP INSTALLED
By Driller ☐ Yes ☐ No

ESTIMATED WELL YIELD
Estimated at 3/4 G.P.M
Static Water Level 140 (ft)
*Pumping level below land surface
380 (ft) after 2 hrs. at
3/4 G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Installed: ___

VARIANCE ISSUED ☐ Yes ☐ No
Request Number ___

COMMENTS BY INSTALLER:

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name B.W. SMITH WELL DRILLING Contractor No. 038905
Business Registration No. 1005-5395 Master Well Driller Certification No. 574
Master Well Driller (print) Chris Wolford
Master Well Driller Signature Chris Wolford

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. ___
Journeyman Well Driller (please print) ___
Apprentice and Name (s) ___, ___

COPIES - County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)

SS-16J
Rev 3/11

West Virginia Department of Health & Human Resources
Hampshire County Health Department

Permit #: ST-14-24-112
Tax District: Romney
Map # 10 Parcel # 92

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Coordinates: N 39 22 6 W 78 47 42

Owner: Michael & Tammy VanScoyoc
Address: 413 W. King St
Littlestown, PA 17340

Installer: Erica Kesner
Address: 10742 Cold Stream Rd
Capon Bridge, WV 26711

You are hereby issued a permit to: ☒ install ☐ modify an on-site sewage disposal system located:
Hamilton Estates Lot 34

Facility: Residence Design Flow: 2 Lot Size (Fr/acres): 5 acres Water Source: well

Based upon review of the information on your submitted application, dated 2/20/2024, and the proper installation of the herein described system, the system shall be in compliance with applicable West Virginia Sewage System Rules and Design Standards.

The sewage system shall consist of a:

☒ Septic tank - Capacity: 1000 gallons or more. Constructed of: Concrete or Plastic.

☒ Soil disposal system with a minimum equivalency of 600 square feet of conventional gravel trench area.

Depth to the bottom of the trench or bed installation shall be 24 inches from original ground surface.

☐ Gravel system: Lengths of lines: ____, ____, ____, ____, ____, ____ feet. Width: ____ inches.

☒ Chamber system: Number of lines: 2. Lengths of lines: 60', 60', ____, ____, ____, ____.
Manufacturer of chamber: Infiltrator.

☐ Bed system: ☐ Gravel ☐ Chamber Length: ____ feet. Width: ____ feet.

☐ Other: _____

This permit is non-transferable and automatically expires 12 months after issue date.

This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department 72 hours or more prior to planned inspection time. Health Department Phone Number: 304-496-9641

Additional Specifications on Reverse.

Issue Date: 2/20/2024

Sanitarian: [signature]

Sketch of system