

Orchard Terrace Lot 6

Rec.
12-6-01

SW258

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

WELL COMPLETION REPORT

Date(s) 10-6-01 County Hampshire Permit #: DW-14-01-181
 Town: _____ Area Name/Location _____
 Well Owner: Richard & Linda Lee Address: HC 79 Box 40 H
 Telephone Number: 822-7036 Romney WV 26757
 Well Driller: B. Mark Smith Address: HC 86 Box 2-A
 Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-40	Red shale	Type of Well: <u>Home</u> Drilling Method: <u>Air-Hammer</u> Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u> Well Depth: <u>360</u> Date Completed: <u>10/6/01</u>
41-289	Hard red sandstone w/ layers Red & gray shale	
290	Water	CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
291-329	Hard red & green sandstone w/ layers Red & gray shale	
330-	Water	SCREEN <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.
331-360	Drusy shale	
	3000 gph	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>120</u>		
Pumping Rate (GPM)	<u>50</u>		
Pumping Level (Ft Below Grade)	<u>360</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</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 _____ Certification No. _____
B.W. Smith Well Drilling
 Registered Business Name _____
B. Mark Smith 10-6-01
 Signed _____ Date _____

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INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA HEALTH DEPARTMENT

Permit No.: ST-14-01-221
Tax Map: 8 Parcel #: 7.2
County Road:

County: Hampshire ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Name of Owner: R. Chad & Linda Ark
Address: HC 79 BOX 404 ROWNEY, WV 26757
Property Location: ORCHARD TERRACE LOT # 6
Type of Facility: House
Facility is: New (X) Existing () Lot Size: 2.067 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3PR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000
Distances (in feet) of Tank to: Dwelling: 13
Material: Concrete
Manufacturer: J. I. Co
Private () / Public () Water Source: 88' Property Line: 40'

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:

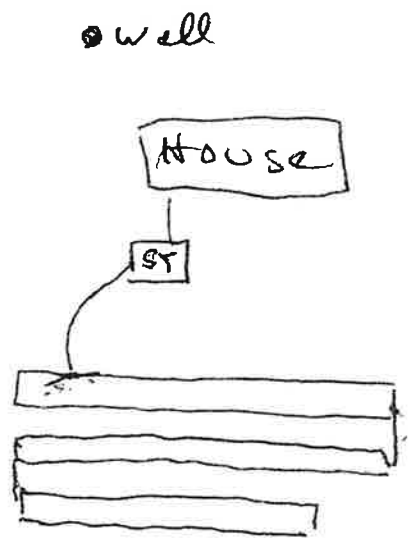
No. of Lines: 3 Length (in feet) of Each: 22, 84, 84
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 30 inches
If Bed, Dimensions (in Feet):
If Chamber System, Name: infiltrator, No. of Units: 40
Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 30 Private (X) / Public () Water Source: 108' 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:



NOT to Scale

Visit Date(s): 2-13-01
Final Inspection Date: 827-544 10-11-01

Sanitarian: [Signature]