

Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>4 27 2015</u> PERMIT NO. DW- <u>14-14-095</u>	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
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LOCATION OF WELL
 Well Owner: Last Name Vertrees First Name KEITH
 Street/Road SPRINGFIELD PIKE County HAMPSHIRE Zip Code _____

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other	AREA NAME/LOCATION: <u>SHADOW KNOLLS</u> <u>LOT 22</u>	TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other
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WELL LOG		DRILLING METHOD	GROUTING RECORD																		
From (ft.)	To (ft.)	<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>4</u> Installation Method: <u>PUMPED</u>																		
State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		Hole Diameter <u>6</u> (in) Total depth <u>300</u> (ft)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">0</td> <td style="width:10%; text-align: center;">44</td> <td style="width:80%;">Brown shale</td> </tr> <tr> <td style="text-align: center;">44</td> <td style="text-align: center;">55</td> <td>Dirty Blue shale</td> </tr> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;">202</td> <td>Blue shale</td> </tr> <tr> <td style="text-align: center;">202</td> <td style="text-align: center;">300</td> <td>Mostly blue shale A little Red shale</td> </tr> <tr> <td style="text-align: center;">138</td> <td></td> <td>Water - 1 GPM</td> </tr> <tr> <td style="text-align: center;">184</td> <td></td> <td>Water - 14 GPM slightly fractured Area Few Rock Fragments</td> </tr> </table>		0	44	Brown shale	44	55	Dirty Blue shale	55	202	Blue shale	202	300	Mostly blue shale A little Red shale	138		Water - 1 GPM	184		Water - 14 GPM slightly fractured Area Few Rock Fragments	CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.220</u> (in) Casing Length <u>80</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	Estimated at <u>15</u> G.P.M. Static Water Level <u>115</u> (ft) *Pumping level below land surface <u>298</u> (ft) after <u>1/2</u> hrs. at <u>15</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
0	44	Brown shale																			
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184		Water - 14 GPM slightly fractured Area Few Rock Fragments																			
If additional space is needed, use additional sheets and attach w/permit # at top.		SCREEN RECORD <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>																		
		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____																		

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 WV Contractor No. 038905
 Business Registration No. 1005-5385 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) _____

COMMENTS BY INSTALLER:
Water cleaned up Good

TO USE ONLY DATE RECEIVED MM DD YY _____	DATE OF PUMP INSTALLATION MM DD YY <u>8 21 15</u>	STATE OF WEST VIRGINIA WATER WELL PUMP INSTALLATION REPORT	FORM SW-262 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER INSTALLATION IS COMPLETED
	WATER WELL PERMIT NO. DW- <u>14-14-095</u>		AUG 28 2015 Co. <u>Heard</u>

PUMP INSTALLATION LOCATION
Owner: LAST NAME VERTREES FIRST NAME KEITH

STREET/ROAD SPRINGFIELD PIKE COUNTY HAMPSHIRE ZIP CODE 26763

AREA NAME/LOCATION: SHADOW KNOLLS LOT 22
 WATER SYSTEM USE: Potable Public Water Supply
 Geothermal Industrial Commercial Dewatering
 Irrigation Test/Exploratory Other

PUMPING EQUIPMENT
 Type Pump: Submersible Jet
 Other (specify) _____
 Pump Manufacturer: Franklin
 Pump Model: 7FR10

INSTALLATION DETAILS (CONT.)
 Pitless: Pitless Adapter Pitless Unit
 Pitless Manufacturer: Cambell
 Pitless Model: RA 10X
 Method of Cutting Hole in Casing for
 Pitless: Hole Saw
 Storage Tank Model: Well/x Troll 202
 Check Valves Locations: at Pump, under pitless
 Well Disinfected: Yes No
 By Whom: installer

INSTALLATION DETAILS
 Well Diameter 6 inches
 Well Depth 300 (Ft.)
 Static Water Level (from surface): 80 (Ft.)
 Depth of pump: 290 (Ft.)
 Riser Pipe: Material Poly Pipe
 Pressure Rating 200 (psi)

COMMENTS BY INSTALLER
check valve is under pitless not in ditch due to system being underground tank in well switch

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Pump Equipment Installed by :

Property Owner Name (Print) _____ Owner Signature _____
 Pump Installation Test Passed on 8/21/15

Company Name Blue Smith Well Drilling WV Contractor No. 038805 Business Franchise Number _____
 Master Well Driller Certification No. _____ or Pump Installer Certification No. 628
 Master Well Driller (print) _____ Master Well Driller Signature _____
 Pump Installer (print) Jon Mayer Pump Installer Signature Jon Mayer

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 Name(s) _____

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TO BE
OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-03-202
Tax Map 6 Parcel # 3
County Road No.: _____

Owner: Melbourne Properties
Address: P.O. Box 567
Capon Bridge, WV 26011

Certified Installer: TRAVIS K. D. WELLS
Address: P.O. Box 9
Leavelle, WV 25431

You are hereby issued a permit to: install, or modify an on-site sewage disposal system located:
SHADOW KNOWLS LOT # 22

Facility: House Design Flow: 3 BR Lot Size: 20.3 ~~Sq Ft~~ / Acres Water Source: well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 2-29-02, 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
 - Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench area. Depth to the bottom of the trench or bed installation shall be: 24.36 inches from original ground surface.
 - Gravel system: Lengths of lines: _____ feet, Width: 36 inches.
 - Chamber system: Number of units: 39, Length of lines: 13, 13, 13 units.
 - Manufacturer of chamber: _____
 - Bed system: Gravel, Chamber; Length: _____ feet, Width: _____ feet.
 - Other: X 240 linear feet of _____ 36" Chamber System
- Diversion Ditch if needed _____

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: 22 hours or more prior to planned inspection time.

Sketch of system: NOT TO SCALE

10,000 SQUARE FOOT RESERVE AREA REQUIRED

House

ST

well

Draw Arrow Toward North

LOCATE Per Sub division PLAT

Issue Date: 2-20-03
County Office / Phone Number: 822-5111

Additional specifications on reverse:

J. K. Wells
Health Officer or Sanitarian

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

Permit # ST-14-11-67

Name of Owner: Scott Evans Installer: Walter Fields
Address: 6326 John S. Mosby Hwy, Middleburg, Va 20117
Property Location: Shadow Knolls Lot 22 Lot Size: 22AC Acres
Type of Facility: Residence Facility is: New Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Proposed Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Pump Chamber ___ gal
Distances (in feet) of Tank to: Dwelling ___
Private Public Water Source: ___ 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 () LPP ()
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____

No. of Lines: 3 Length (in feet): 80'
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches
If Bed, Dimensions (in feet): _____ Size Equates to 1200 sq ft of SGF
Distance (in feet) of System to: Dwelling ___
Private () Public () Water Source: ___ Property Line: > 100'
Remarks: Dwelling/Well not constructed at time of inspection
GPS: N39 26 19.1 W78 37 57.7

An inspection indicates that
The sewage disposal system
Described above

DOES MEET

DOES NOT MEET or

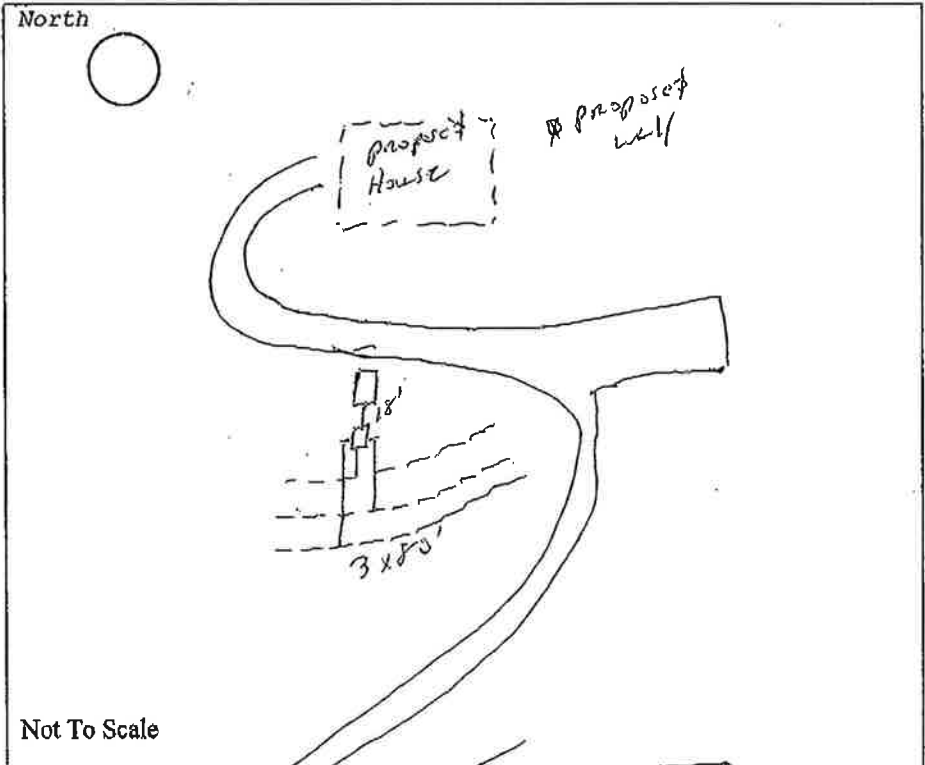
CANNOT BE DETERMINED TO

MEET the minimum standards
Established by the West Virginia
Bureau of Public Health.

To correct a health hazard,
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.

Visit Date(s): _____



FINAL INSPECTION DATE: 6/8/2011

SANITARIAN: Walter Fields

Permit # ST-14-11-67

STATE OF WEST VIRGINIA HAMPSHIRE COUNTY HEALTH DEPARTMENT ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Owner: Scott Evans

Address: 6326 John S. Mosby Hwy, Middleburg, Va 20117

Installer: Walter Fields

Address: HC 86 Box 35A, Greenspring, WV 26722

**You are hereby issued a permit to: install an on-site sewage disposal system located at:
Shadow Knolls Lot 22**

Tax District 15 Tax Map 106 Parcel # 690000

Facility: Residence Design Flow: 3 Lot Size: 22AC Acres Water Source: Proposed Well
BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 11/24/2010, AND THE PROPER INSTALLATION OF THE HERIN 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 precast concrete.

Soil disposal system with a minimum equivalency of 1200 sq ft of conventional gravel trench area.
Depth to the bottom of the trench installation shall be: 24 inches from original ground surface. Width 36 inches.

Gravel system: Lengths of lines: _____ ft.

Chamber system: Number of lines: 3, Length of lines: 80'

Class II System: _____

Other: _____

GPS Coordinates: North 39 26 19.1 West 78 37 57.7

This permit is non-transferable and Automatically expires 12 months After issue date.

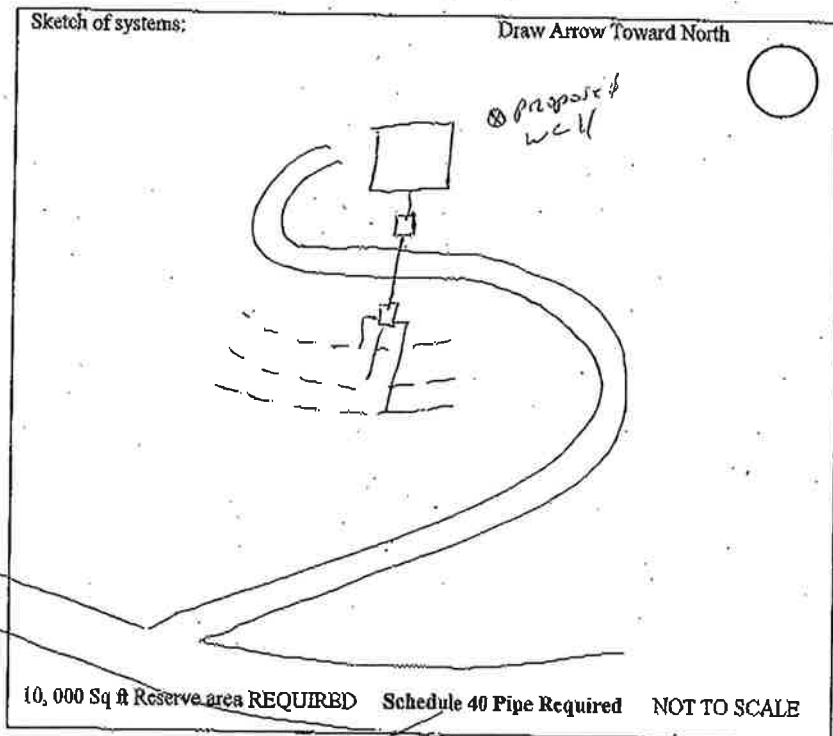
This permit is **NULL and VOID** When official inspection reveals Conditions different than those Stipulated on the permit or facts Are later found that would indicate non-compliance with applicable rules.

All systems must be inspected And approved prior to being Covered with earth or placed intouse.

The applicant or his agent must Notify this department 72 hours Or more prior to planned Inspection time.

12/2/2010
Issue date

(304) 496-9641
County Office Phone Number



[Signature]
Health Officer or Sanitarian