

WV Department of Health and Human Resources
Bureau of Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

Rec 7-24-02 SW258 10/01

WELL COMPLETION REPORT

Date(s) 7-18-02 County Hampshire Permit #: DW-14-02-295
Town: Points Area Name/Location shadow Knolls Lot 28
Well Owner: Gregory Jones Address: 13231 Golders Green Place
Telephone Number: 703-753-2624 Bristow, VA 20136
Well Driller: Christopher Wolford Address: P. O. Box 952
Telephone Number: 822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: Pressure Grouted Pressure Grouted
0-48	Brown Shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
48-62	gray Shale	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
62-134	Dk. Gray Shale	Well Depth: <u>440</u> Date Completed: <u>7-17-02</u>
134-440	Lt. Blue Shale	CASING: Length <u>80</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 _____
		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)	150		
Pumping Rate (GPM)	20		
Pumping Level (Ft. Below Grade)	425		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	6		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. _____
Well Seal: Type, Make, Etc. _____
Well Platform:
Length _____ Width _____ Thickness _____
Pressure
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
Signed Chris Wolford Date 7-18-02

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA
_____ HEALTH DEPARTMENT
WASTE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Permit No.: ST-14-02-400
Tax Map: 6 Parcel #: 3
County Road: _____

County: Wagshaw

Name of Owner: GREGORY Jones Installer: T Kidwell
Address: 13231 GOLDERS GREEN BRISTON VA 20136
Property Location: SHADOW KNOLLS Second Entrance to END
Type of Facility: House Facility is: New ☒ Existing () Lot Size: 2.46 ~~Sq Ft~~ Acres
Design Loading in gpd/No. Bedrooms: House Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1010 Material: Concrete Manufacturer: Vallco
Distances (in feet) of Tank to: Dwelling: 10' Private (☒) Public () Water Source: 50' Property Line: 10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ 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: _____

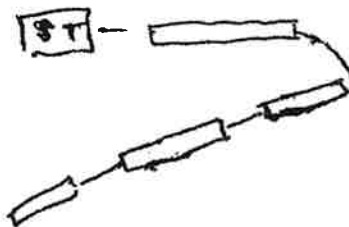
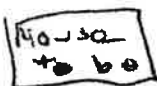
No. of Lines: 4 Length (in feet) of Each: 66, 30, 48, 48, _____, _____
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 38 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: 1 1/2" HDPE No. of Units: 30
Approved and Adequate Materials Used? Yes (☒) No (☐) Size Equates to: 900 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 10' Private (☒) / Public (☐) Water Source: 100' Property Line: 10'
Remarks: to be

An inspection indicates that the sewage disposal system described above
DOES MEET (),
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

N.T to State

Visit Date(s): 5-17-02
Final Inspection Date: 5-20-02

Sanitarian: J. H. Kinde