

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

SW251

WELL COMPLETION REPORT

Date(s) 4-26-91 County HAMPSHIRE Permit #: DW-14-04-91-202
Town: AUGUSTA Area Name/Location EAST VIEW ESTATES LOT #16
Well Owner: GILBERT MARSHALL Address: 300 RAILROAD ST.
Telephone Number: 703-347-5129 WARRENTON VA. 22186
Well Driller: RANDAL C MILLER Address: RT# 1 BOX 186
Telephone Number: 304-738-3266 REDFORD VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-26'	RED SHALE (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
26'	RED SANDSTONE (BED ROCK)	Well Diameter: <u>6 7/8"</u> Casing O.D.: <u>6 7/8"</u>
41'	RED SANDSTONE (CONSOLIDATED)	Well Depth: <u>350'</u> Date Completed: <u>4-27-91</u>
	<u>CEMENT + SET CASING</u>	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
120'	BLUE SANDSTONE (WATER 1/2 GPM)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
171'	RED SANDSTONE (CONSOLIDATED)	Other _____ Type _____
285'	RED SANDSTONE (WATER 2 1/2 GPM)	
350'	RED SANDSTONE (CONSOLIDATED)	
	<u>STOPPED DRILLING</u>	
		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)	<u>100</u>		
Pumping Rate (GPM)	<u>3</u>		
Pumping Level (Ft. Below Grade)	<u>310</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>12</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. ROVER-CONDUIT TYPE
Well Seal: Type, Make, Etc. _____
Well Platform: TO BE INSTALLED BY OWNER
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.

RANDAL C MILLER 432
Name _____ Certification No. _____
MILLER BROS. DRILLING
Registered Business Name _____
Randal C Miller 4-27-91
Signed _____ Date _____

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Coordinates: N 39 16 59 W 78 34 30

Owner: Timothy Walke Installer: Walter Fields
Address: 105 Quail Ct Address: 4565 Greenspring Valley Rd
Cross Junction, Va 22625 Greenspring, WV 26722

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

East View Estates lot 16

Facility: Residence Design Flow: 3 Lot Size (ft²/acres): 3.73 acres Water Source: well

Based upon review of the information on your submitted application, dated 7/22/2019, 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 900 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: 3. Lengths of lines: 60's, _____, _____, _____, _____, _____.

Manufacturer of chamber: Blo.

☐ 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.

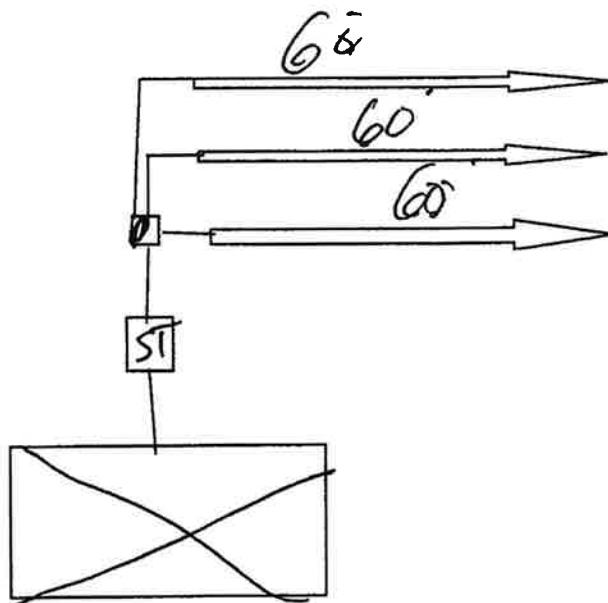
The applicant or his agent must notify this department 72 hours or more prior to planned inspection time. Health Department Phone Number: 304-496-9641

Additional Specifications
on Reverse.

Issue Date: 7/31/2019

Sanitarian: 

Sketch of system





Lat: N: 39 16 59

Hampshire County Health Department

Tax District Name: _____

Long: W 78 34 30

**ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT**

Map # 10 Parcel # 146

Name of Owner: Timothy Walke Installer: Walter Fields

Owner Address: 105 Quail Ct, Va 22625

Property Location: East View Estates

Subdivision: East View Estates Lot number: lot 16

Type of Facility: residence Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 3.73 acres

Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing: ☒ Proposed ☐ Type: well

System requires a perpetual maintenance program as per 64CSR9.7.2: Yes ☐ No ☒

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1	Septic Tank 2	Septic Chamber	Septic Tank 1	Septic Tank 2	Septic Chamber
Capacity in Gallons:	1000			NA		
Constructed of:	Concrete			>100'		
Manufacturer:	Pyles			>100'		
4" inspection port or riser to surface?	port			no		

ABSORPTION FIELD

Class I System: Chamber: ☒ Eljen ☐ Gravelless Pipe: ☐ Gravel Media Trenches ☐ Other: _____

Manufacturer: Bio Square footage: Permitted 900 ft² Installed 900 ft²

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 60' 60' 60' _____, _____, _____, _____, _____, _____

Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☒ No ☐ Outlets level? Yes ☒ No ☐

If chambers, length of each section: 4' Gravelless pipe diameter: _____

If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____

Distance of absorption field to: Dwelling: NA, Water Supply: >100', Water Line: _____, Property Line: _____

Average Depth: 24in Maximum depth: 26in

Class II System: Design type: _____

Remarks: _____

System is installed as per the permitted design and layout. Yes ☒ No ☐
Include sketch of installation on reverse.