

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

4/26/91  
5-10-91

**WELL COMPLETION REPORT**

Date(s) 4-26-91 County HAMPSHIRE Permit #: DN-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: P.O. Box 186  
 Telephone Number: 304-738-3266 Ridgeley W. Va 26753

**WELL LOG**

DEPTH IN FEET	FORMATION: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-26'	Red Shale (Unconsolidated)	Type of Well: <u>DN</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
26'	Red Sandstone (Bedrock)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
41'	Red Sandstone (Consolidated)	Well Depth: <u>350'</u> Date Completed: <u>4-27-91</u>
	CEMENT + SET CASING	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
120'	Blue Sandstone (Water 1/2 gal)	<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 gal)	
350'	Red Sandstone (Consolidated)	
	STOPPED DRILLING	

**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>36</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. Royer-Convuit Type  
 Well Cap: Type, Make, Etc. Royer-Convuit 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 MILLER Bros. DRILLING Certification No.  
 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 (ft<sup>2</sup>/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, \_\_\_\_\_ feet.

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.

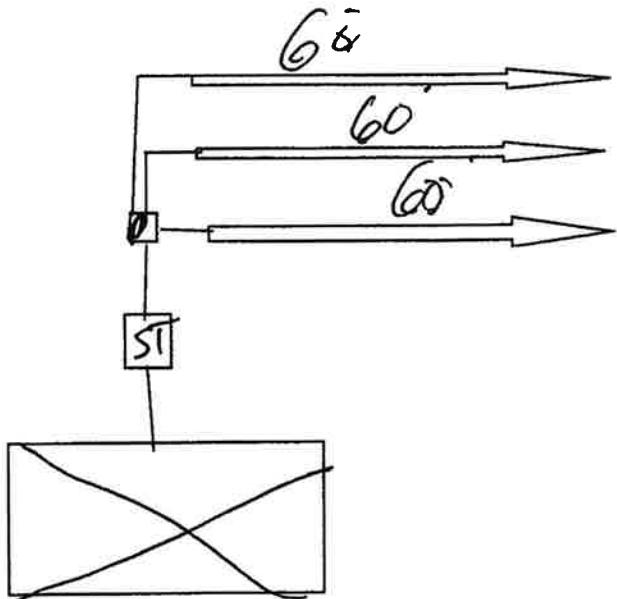
The applicant or his agent must notify this department 72 hours or more prior to planned inspection time. Health Department Phone Number: 304-496-9641

Additional Specifications  
on Reverse.

Issue Date: 7/31/2019

Sanitarian: 

#### Sketch of system



SS-177

Rev 6/11



## West Virginia Department of Health &amp; Human Resources

Permit #: ST-14-20-10

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 (ft<sup>2</sup>/acres): 3.73 acresDesign Loading: Bedrooms: 3 or GPD: Water Supply: Existing:  Proposed  Type: wellSystem requires a perpetual maintenance program as per 64CSR9.7.2: Yes  No 

## SEWAGE TANK COMPONENTS

Capacity in Gallons:	1000	Permit Number:	Permit Date:	Permit Expiration Date:	Permit Status:	Comments:
Constructed of:	Concrete				NA	
Manufacturer:	Pyles				>100'	

## ABSORPTION FIELD

Class: \_\_\_\_\_ Chamber:  Eljen  Gravelless Pipe:  Gravel Media Trenches  Other: \_\_\_\_\_

System: \_\_\_\_\_

Manufacturer: Bio Square footage: Permitted 900 ft<sup>2</sup> Installed 900 ft<sup>2</sup>

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: &gt;100', Water Line: \_\_\_\_\_, Property Line: \_\_\_\_\_

Average Depth: 24in Maximum depth: 26in

Design type: \_\_\_\_\_

Remarks: \_\_\_\_\_

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