

Rev 2/11 ST/CO USE ONLY DATE RECEIVED	DATE THE WELL WAS COMPLETED MM DD YY <u>9 12 13</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
MM DD YY	PERMIT NO. DW- <u>14-013</u>	<b>WATER WELL COMPLETION REPORT</b>	<i>Hampshire Co. Health</i> SEP 16 2013

**LOCATION OF WELL**  
Well Owner: Last Name Talebian First Name HOSSEIN  
Street/Road VANCE RD. 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	<b>AREA NAME/LOCATION:</b> <u>POTOMAC LANDING LOT 13 LEVELS</u>	<b>TYPE OF WELL:</b> <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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<b>WELL LOG</b>		<b>DRILLING METHOD</b> <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	<b>GROUTING RECORD</b> Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>6</u> Installation Method: <u>PUMPED</u>
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From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	<b>CASINGS RECORD</b> MAIN CASING TYPE <u>DRIVE SHOE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6<sup>5/8</sup></u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>105</u> (ft) <b>Other Casing or Liner Used</b> Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	<b>ESTIMATED WELL YIELD</b> Estimated at <u>50</u> G.P.M. Static Water Level <u>150</u> (ft) *Pumping level below land surface <u>298</u> (ft) after <u>1</u> hrs. at <u>50</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
0	2	Red Clay - Fill		
2	3	Dirt		
3	9	Red Clay		
9	58	Brown shale		
58	80	Gray + Brown shale		
80	300	Gray shale		
165		water - 2 GPM		
210		water - 4 GPM		
268		water - 44 GPM Fractured Area Rock Fragments		

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. 038405  
Business Registration No. 1005-5395 Master Well Driller Certification No. 574  
Master Well Driller (print) Chris Welford  
Master Well Driller Signature Chris Welford

**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:**  
SET pump Above 265

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

Permit # **ST-14-14-14**

Name of Owner: Hossein Talebian Installer: Ed Shoemaker  
 Address: 1410 Powells Tavern Place, Herndon, Va 20170  
 Property Location: Potomac Landing Lot 13 Lot Size: 20 acres  
 Type of Facility: new Facility is:  New  Existing  
 Design Loading in gpd/# Bedrooms: 3 Source of Water: well

### SEWAGE TANK COMPONENT

Capacity in Gallons: **1500** Material: precast concrete Pump Chamber **500 gal**  
 Distances (in feet) of Tank to: Dwelling **60'**  
 Private  Public  Water Source: **>100'** Property Line: **>100'**

### ON-SITE DISPOSAL SYSTEM

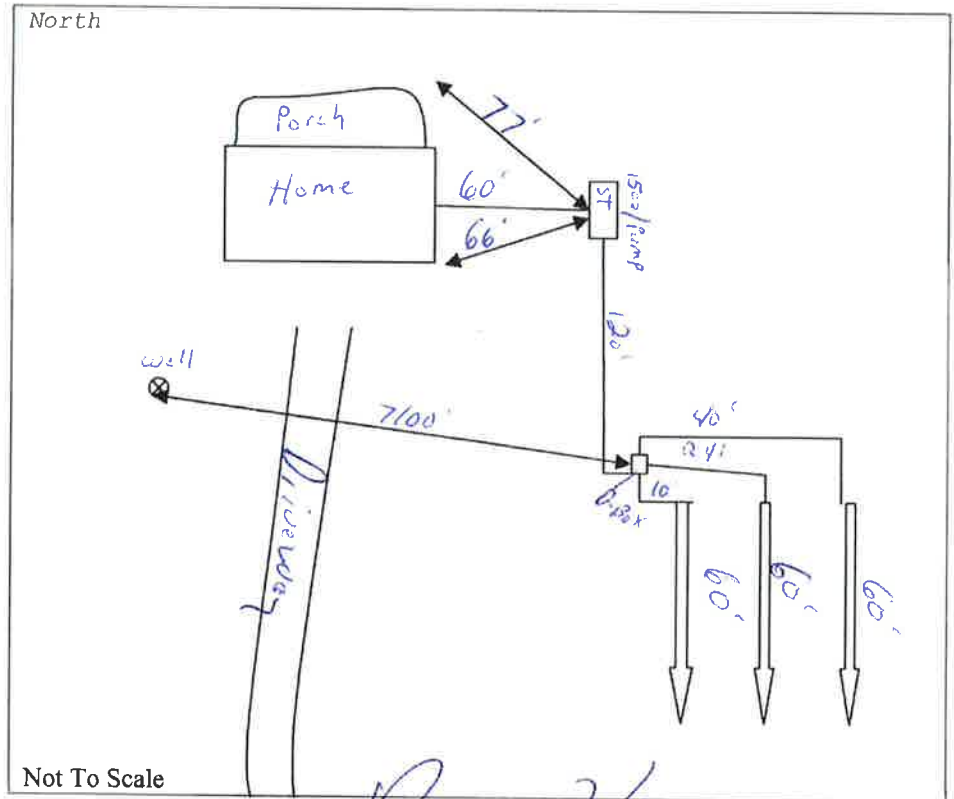
Class I Systems: Standard Soil Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter \_\_\_ In.  
 Chamber Soil Absorption Trenches () or Bed ( )  
 Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )  
 Evapotranspiration Trenches ( ) or Bed ( )  
 Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: \_\_\_\_\_

No. of Lines: **3** Length (in feet): **60's**  
 Width of Trenches: **36** inches/feet Depth to Bottom of Field: **24** inches  
 Size Equates to **900** sq ft of SGF  
 Distance (in feet) of System to: Dwelling **121'**  
 Private () Public ( ) Water Source: **>100'** Property Line: **>100'**  
 Remarks: \_\_\_\_\_

GPS: N39 30 16.1 W78 35 52.1

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): **10/9/2013**



Not To Scale

FINAL INSPECTION DATE: 10/9/2013

SANITARIAN: [Signature]