

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

Rev 9-26-06

SW258
10/01

WELL COMPLETION REPORT

Date(s) 8-24-2006 County Hampshire Permit #: DW-14-07-030
 Town: Augusta Area Name/Location Richmond Rd. to Miller Lane Miller S/O
 Well Owner: CHARLES Woodward Address: 7277 LEVON DASH'ELL RD. Lot 17
HEBRON, MD 21830
 Telephone Number: 410-376-0007
 Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
 Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-34	Brown Sandstone	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
34-320	Layers of Red + Gray Sandstone	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
		Well Depth: <u>320</u> Date Completed: <u>8-25-2006</u>
		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)	<u>40</u>		
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft. Below Grade)	<u>318</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 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.

*H²O = 213' Trace
 224' 4 GPM
 273' 2 GPM
 282' 9 GPM*

Chris Wolford 574
 Name B.W. Smith Well Drilling Certification No.
 Registered Business Name Chris Wolford 8-24-2006
 Signed _____ Date

SS 177 7/96

STATE OF WEST VIRGINIA

INSPECTION TO BE PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-05-189

Tax Map: 05-030 Parcel #: 09

County: Hampshire

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County Road:

Name of Owner: CHARLES WOODWARD Installer: TRAVIS KIDWELL
Address: 7277 Levin DASHLEIGH Rd HERBON, Md 21830
Property Location: Richmond Rd Miller subdivision lot #17
Type of Facility: HOUSE Facility is: New (X) Existing () Lot Size: 56 Sq. Ft. (Acres)
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Jolex
Distance (in feet) of Tank to: Dwelling: Private (X)/Public () Water Source: lot Property Line: lot

ON-SITE DISPOSAL SYSTEM to be

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: inches
Chamber Soil Absorption Trenches (X) 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: 3 Length (in feet) of Each: 80, 80, 80
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches
If Bed, Dimensions (in Feet): If Chamber System, Name: INF-4, No. of Units: 60
Approved and Adequate Materials Used? Yes (X) No () Size Equates to 100 Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: Private (X)/Public () Water Source: lot Property Line: lot
Remarks: to be

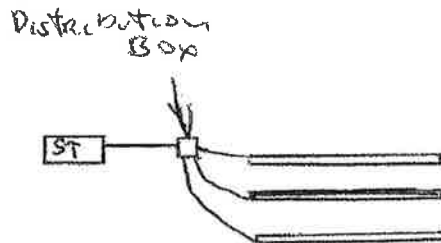
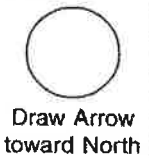
An inspection indicates that the sewage disposal system described above DOES MEET (X), DOES NOT MEET (), CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

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:

1-19-05
no HOUSE
no well



NOT TO SCALE

Visit Date(s) 12-7-04

Final Inspection Date: 1-19-05

Sanitarian: J. Kidwell