

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Mineral County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-029-12-014
Tax Map 22A Parcel # 2
County Road No.:

Owner: Melissa Rodriguez South
Address: 12681 Victory Lakes Loop
Bristow, VA 20136

Certified Installer: Jonathan Kuhn
Address: 818 Hillcrest Dr.
Petersburg, VA 26847

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

Lot 202 section #8 of the Bluffs Sub-Div./North on 28 from Kemmy, turn left on Braae Cabin Rd. approx 8 miles on the right

Facility: Residence Design Flow: 2 BRs Lot Size: 20,000 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 8-25-11, 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.
- 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: 36 inches.
 - Chamber system: Number of units: _____, Length of lines: 60, 60, _____, _____, _____ units, Manufacturer of chamber: _____.
 - Bed system: Gravel, Chamber; Length: _____ feet, Width: _____ feet.
 - Other: Please install w/ D-Box on level concrete pad with Speed levelers

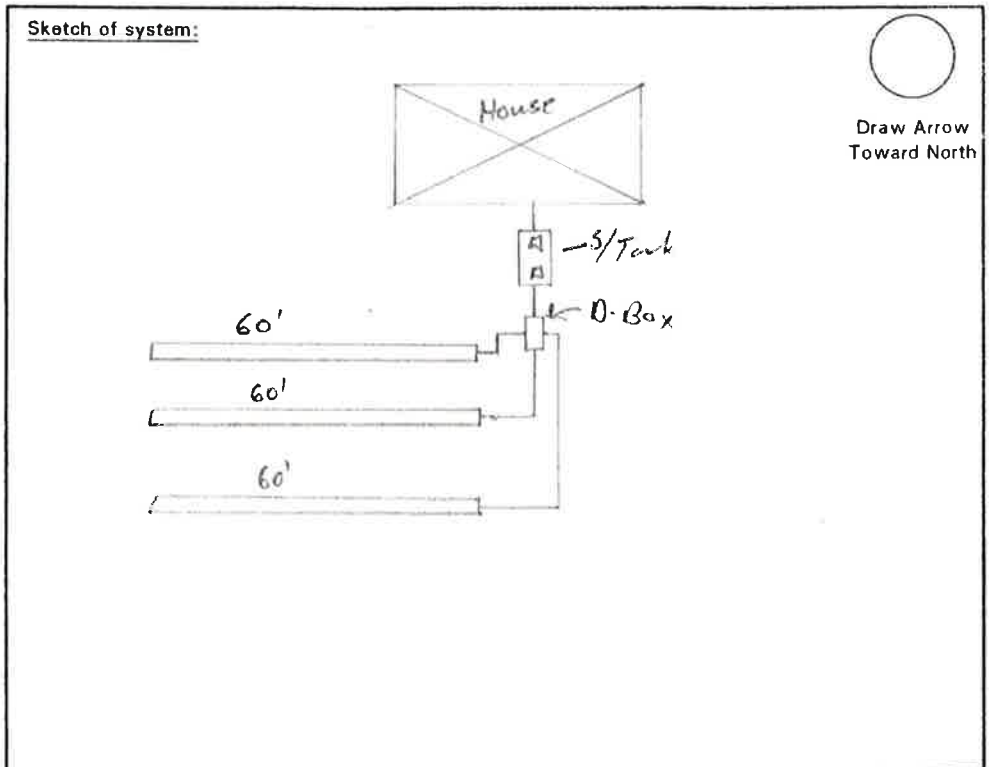
This permit is non-transferable and automatically expires 12 months after issue date.

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: _____ hours or more prior to planned inspection time.

Sketch of system:



Issue Date 8-25-11
Mineral / 304-788-1321
County Office / Phone Number

Additional specifications on reverse:

John E. DelSign
Health Officer or Sanitarian

Rev 2/11	DATE THE WELL WAS COMPLETED MM DD YY <u>10 7 2011</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
ST/CO USE ONLY DATE RECEIVED MM DD YY	PERMIT NO. DW- <u>029-12-008</u>	WATER WELL COMPLETION REPORT	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
 Well Owner: Last Name Rodriguez-South First Name MELISSA
 Street/Road GRACES CABIN County MINERAL Zip Code _____

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other	AREA NAME/LOCATION: <u>BLUFFS ON THE POTOMAC LOT 202</u>	TYPE OF WELL: <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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WELL LOG		DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3</u> Installation Method: <u>PRESSURE</u>
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	Hole Diameter <u>6</u> (in) Total depth <u>300</u> (ft)	PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No
From (ft.)	To (ft.)	CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6.578</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>60</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	ESTIMATED WELL YIELD Estimated at <u>300</u> G.P.M. DAY Static Water Level <u>340</u> (ft) *Pumping level below land surface <u>795</u> (ft) after <u>48</u> hrs. at <u>12.5</u> G.P.M. (estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
<u>0</u>	<u>2</u>	<u>Clay</u>	WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: _____
<u>2</u>	<u>9</u>	<u>Light Brown shale</u>	VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____
<u>9</u>	<u>25</u>	<u>Brown sandstone + Brown shale</u>	COMMENTS BY INSTALLER: <u>12.5 GAL./HOUR = 300 GAL./DAY</u>
<u>25</u>	<u>66</u>	<u>Gray shale/Gray sandstone</u>	
<u>66</u>	<u>800</u>	<u>Layers of Gray + Dark Gray shale</u>	
If additional space is needed, use additional sheets and attach w/permit # at top.		SCREEN RECORD <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)	
		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	

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.D. SMITH WELL DRILLING WV Contractor No. 038905
 Business Registration No. 1005-5395 Master Well Driller Certification No. 574
 Master Well Driller (print) Chris Wolford
 Master Well Driller Signature Chris Wolford

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) _____