**WELL COMPLETION REPORT**

**Date(s):** 11/17/00  
**County:** Hampshire  
**Permit #:** DW-14-01-050  
**Town:**  
**Well Owner:** Kenneth Stinson  
**Telephone Number:** 703-237-2457  
**Well Driller:** T. Mark Smith  
**Telephone Number:** 304-822-4786  

**County:** Hampshire  
**Address:** 4034 N. Stuart St.  
**City:** Arlington  
**State:** VA  
**Zip:** 22207  
**Address:** 4C Hilltop Rest Area  
**City:** Springfield  
**State:** WV  
**Zip:** 22763

**WELL LOG**

<table>
<thead>
<tr>
<th>DEPTH IN FEET</th>
<th>FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING</th>
<th>REMARKS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-85</td>
<td>Brown Shale</td>
<td>Type of Well: Rome</td>
</tr>
<tr>
<td>85-139</td>
<td>Gray Shale</td>
<td>Drilling Method: Air Hammer</td>
</tr>
<tr>
<td>140-141</td>
<td>Water</td>
<td>Well Diameter: 6.1/8&quot;</td>
</tr>
<tr>
<td>141-217</td>
<td>Hard Gray Shale</td>
<td>Casing O.D.: 6.5/8&quot;</td>
</tr>
<tr>
<td>217-218</td>
<td>Water</td>
<td>Well Depth: 260</td>
</tr>
<tr>
<td>218-240</td>
<td>Hard Gray Shale</td>
<td>Date Completed: 11/17/00</td>
</tr>
<tr>
<td>240-260</td>
<td>Water</td>
<td>CASING: Length 100 Feet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hight above ground 1.5 Feet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Steel  □ Plastic  □ Cast Iron</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type</td>
</tr>
</tbody>
</table>

**SCREEN**

☐ None Installed  
**Type:**  
**Diameter:**  
**Slot/Gauge:**  
**Length:**  
**Set Between:**  
**Ft:**

**PUMPING OR BAILING TEST**

<table>
<thead>
<tr>
<th>DETAILS</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Static Water Level (Ft Below Grade)</td>
<td>150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumping Rate (GPM)</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumping Level (Ft Below Grade)</td>
<td>440</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of Test (In Hours)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery Time to Static Level (In Hours)</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Name:** T. Mark Smith  
**Certification No:**  
**Registered Business Name:**  
**Signed:**  
**Date:** 11/17/00
STATE OF WEST VIRGINIA
HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County: Hampshire
Name of Owner: Melba Ware Cove
Installer: D.J. Kidwell
Address: 204 W. Florida St. Bridge, WV 26331
Property Location: 0.87 Acres
Type of Facility: House Facility is: New (Y) Existing ( ) Lot Size: 20
Design Loading in gpd/No. of Bedrooms: 2.8
Source of Water Supply: well

SEWAGE TANK COMPONENT
Capacity in Gallons: 1000
Material: Concrete
Manufacturer: J. J. J.
Distances (in feet) of Tank to: Dwelling: Yo Private (Y) Public ( ) Water Source: 50
Property Line: 100

ON-SITE DISPOSAL SYSTEM
Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravel Pipe ( ), Diameter: 10
Chamber Soil Absorption Trenches ( ) or Bed ( )
Class II Systems: Pumped/Doled Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( ) Shallow Soil Absorption Trenches ( ) or Bed ( ) Other:
No. of Lines: __________ / Length (in feet) of Each: 100, 100, 100, 100
Width of Trenches: 2 - 4 inches/feet Depth to Bottom of Field: 2 - 4 inches
If Bed, Dimensions (in Feet): __________ / No. of Units: __________
Approved and Adequate Materials Used? Yes (Y) No ( ) Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: Yo Private (Y) Public ( ) Water Source: 50
Property Line: 100

An inspection indicates that the sewage disposal system described above
DOES MEET ( ), DO 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.

Visit Date(s): 1-13-00
Final Inspection Date: 10-12-00
Sanitarian: [Signature]