

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

Rec 10/13/99

SW258

WELL COMPLETION REPORT

Date(s) 9/20/99 County Hampshire Permit #: DW-14-08-042
 Town: _____ Area Name/Location _____
 Well Owner: Arlo W. McDonald Address: HC 77 Box 55
 Telephone Number: 822-7083 Kirby WV 26728
 Well Driller: B. Mark Smith Address: HC 816 Box 2-A
 Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-4	unconsolidated soil / boulders	Type of Well: <u>home</u> Drilling Method: <u>Air-Hammer</u>
5-35	soft yellow shale	Well Diameter: <u>6 5/8"</u> Casing O.D.: <u>6 5/8"</u>
30-50	hard slate w/ brown shale	Well Depth: <u>200</u> Date Completed: <u>9/20/99</u>
51-149	hard sandrock w/ layers red shale	CASING: Length <u>70</u> Feet Height above ground <u>1</u> Feet
150-	Water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
151-200	hard sandrock	Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
		<u>1200 gph</u>

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>120</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft Below Grade)	<u>180</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Standard
 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.

B. Mark Smith 001
 Name Certification No.
B.W. Smith Well Drilling
 Registered Business Name
Benjamin Mark Smith 9-20-99
 Signed Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire Co. Health Department Installation Permit No. SI-14-87-061

Name of Owner Arlo W. McDonald

Address Rt. 1 Box 55, Kirby, WV 26729

Property Address from Kirby Store toward Romney 3 miles, turn left on country rd., go 1/4 mile, on left.

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served log house No. Water Closets _____

Lot Size 17ac. sq. ft. Area suitable for sewage disposal installation _____ sq. ft.

Source of Water Supply developed spring No. Lavatories 1

No. Bedrooms 2 No. Showers or Tubs - No. Baths _____

No. Garbage Grinders 0 No. Automatic Washers 0

SEPTIC TANK

Material precast Length _____ x Width _____ x Depth _____ = _____ cubic feet

Liquid Depth _____ ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 51' Water Supply 100' Nearest Property Line 500'

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 36 Inches

Trench Depth 24-26 Inches Total Absorption area in Trench Bottom 600 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel

No. of Drain Lines 2 Depth Filter Media Under Drain Line 6-8 Inches

Length of Each Line 100, 100, _____, _____ ft. Depth Filter Media Over Drain Line 2 in.

Distance of Disposal Field to: (a) Dwelling 80'

(b) Water Supply 100+' (c) Nearest Property Line 500+'

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

10-6-86
Date

David Dulp PS
Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK *

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

* See contractor's sketch on back.