

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

*Rec'd
10-6-05*

SW258
10/01

WELL COMPLETION REPORT

Date(s) 9-20-05 County HAMPSHIRE Permit # DW-14-05-317
 Town: LEVELS Area Name/Location LITTLE CACAPON LEVELS RD.
 Well Owner: ROBERT + PATRICIA NORMAN Address: 2513 CAMBERNELL CT.
 Telephone Number: 703-707-0240 HERNDON, VA 20171
 Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
 Telephone Number: 496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-60	YELLOW SHALE	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.H.</u>
61-95	HARD SANDSTONE W/ LAYERS OF YELLOW SHALE	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
96-279	HARD, GRAY SANDSTONE W/LAYERS GRAY SHALE	Well Depth: <u>400'</u> Date Completed: <u>9-20-05</u>
280	WATER	CASING: Length <u>110</u> Feet. Height above ground _____ Feet
281-334	HARD GRAY SANDSTONE W/LAYERS GRAY SHALE	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
335	FRACTURED, WATER BEARING FORMATION	Other <u>DRIVE SHOE</u> Type _____
336-400	HARD, GRAY SHALE	SCREEN
	1200 GPH	<input type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

UMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>150</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft. Below Grade)	<u>400</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. _____
 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 true to the best of my knowledge and belief.

B. MARK SMITH 001
 Name Certification No.
B.W. SMITH WELL DRILLING
 Registered Business Name
 Signed [Signature] Date 9-19-05

SS 177 7/96

STATE OF WEST VIRGINIA

Medallion Estates Tract 6

INSPECTION TO BE PRINTED OR TYPED

HAMPSHIRE HEALTH DEPARTMENT

Permit No.: ST-14-06-19

County: HAMPSHIRE ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Tax Map: 9 Parcel #: 6

County Road: _____

Name of Owner: ROBERT & PATRICIA NORMAN Installer: KIDWELL
Address: 2513 CAMBERWELL CT., HERNDON VA 20171
Property Location: LEVELS 4 WAY STOP - RT, 2 MILES TO MEDALLION EST - LT LOG HOUSE ON RT
Type of Facility: RESIDENCE Facility is: New Existing () Lot Size: 10 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: _____
Distances (in feet) of Tank to: Dwelling: 110 Private Public () Water Source: 175 Property Line: 250+

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
Chamber Soil Absorption Trenches or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____

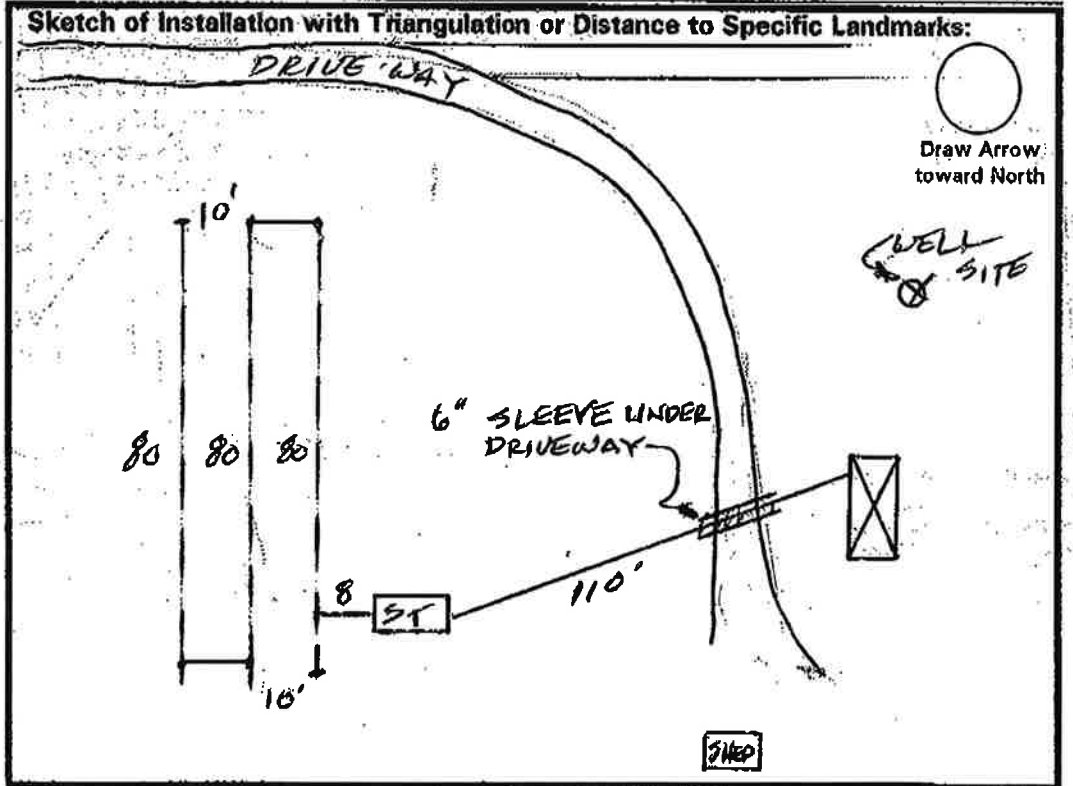
No. of Lines: 3 Length (in feet) of Each: 80 . 80 . 80
Width of Trenches: 3 inches/feet Depth to Bottom of Field: 24-36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 130 Private Public () Water Source: 160 Property Line: 250+

Remarks: _____

An inspection indicates that the sewage disposal system described above **DOES MEET** , 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.



Visit Date(s): 7-18-05

Final Inspection Date: 8-19-05

Sanitarian: [Signature]

Ready for final 8-18-05 Jeff Judy (Harris) 1:15

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

Permit No.: ST-14-06-19
Tax Map 9 Parcel # 6
County Road No.: _____

Owner: ROBERT & PATRICIA NORMAN
Address: 2513 CAMBERWELL CT
HERNDON, VA 20171

Certified Installer: TRAVIS KIDWELL
Address: P.O. BOX 9
LEVELS, WV 25431

You are hereby issued a permit to: install, or modify an on-site sewage disposal system located:
LEVELS (4 WAY STOP) RT 2 MILES TO MEDALLION ESTATES (LT)
TO LOG HOUSE ON RT

Locality: RESIDENCE Design Flow: 3 Lot Size: 10 Sq. Ft./Acres - Water Source: WELL

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 3-24-05, 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.

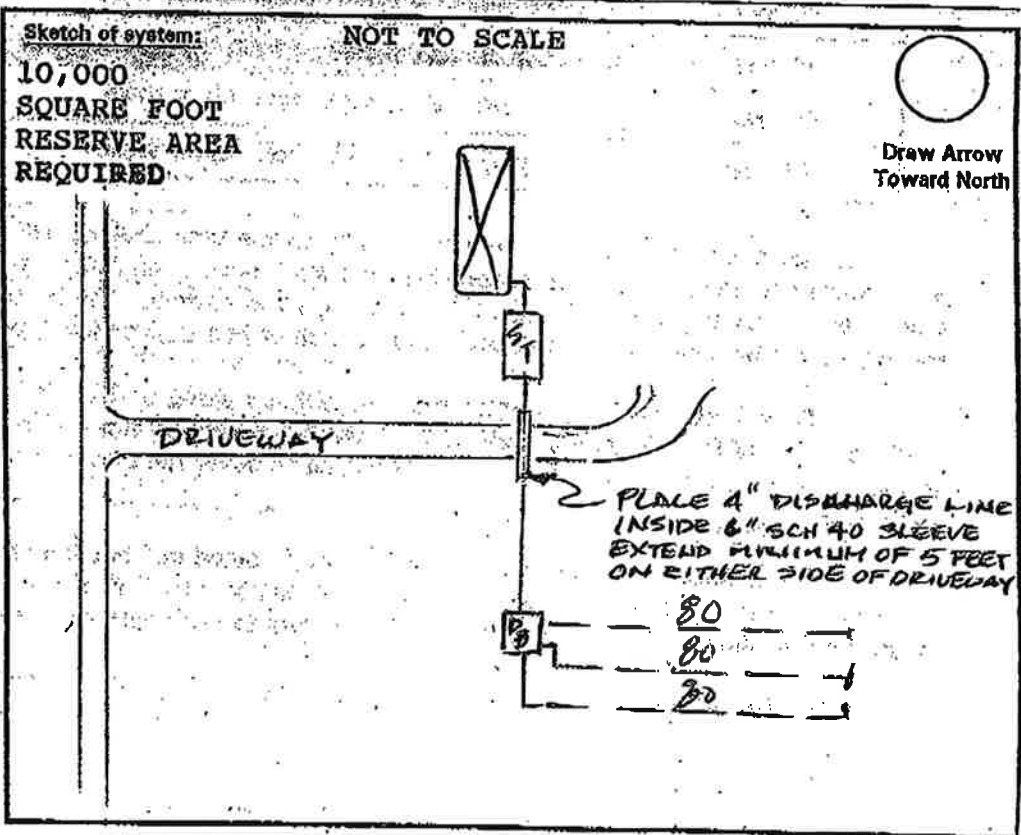
- The sewage system shall consist of a:
- Septic tank - Capacity: 1000 gallons or more, Constructed of: concrete
 - Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench area. Depth to the bottom of the trench or bed installation shall be: 24 inches from original ground surface.
 - Gravel system: Lengths of lines: _____ feet, Width: _____ inches.
 - Chamber system: Number of units: _____, Length of lines: 80, 80, 80, _____ units, Manufacturer of chamber: _____
 - Bed system: Gravel, Chamber, Length: _____ feet, Width: _____ feet.
 - Other: Curtain Drain if needed INSTALL W/D-BOX

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 operation.

The applicant or his agent must notify this department: _____ hours or more prior to planned inspection time.



Issue Date: 7-20-05
491-0661

Additional specifications

[Handwritten signature]