

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

SW251

WELL COMPLETION REPORT

Date(s) October 10, 1990 County Hampshire Permit #: DW-14-08-91-63
 Town: Kirby, WV Area Name/Location Grassy Lick Road
 Well Owner: Phyllis S. Bickford Address: Box 301
 Telephone Number: (304) 822-5159 Kirby, West Virginia 26729
 Well Driller: Eddie D. Shaver Address: SR-4 Box 31
 Telephone Number: (304) 257-1800 Petersburg, West Virginia 26847

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-11	Brown clay	Type of Well: <u>Resident</u> Drilling Method: <u>Air Rotary</u> Well Diameter: <u>6 1/8</u> Casing O.D.: <u>6 5/8</u> Well Depth: <u>175</u> Date Completed: <u>October 10, 1990</u> CASING: Length <u>21</u> Feet Height above ground <u>1 1/2</u> Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
11-128	Gray shale	
128-129	Broken with water	
129-175	Gray shale	
		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>128</u>		
Pumping Rate (GPM)	<u>10</u>		
Pumping Level (Ft Below Grade)	<u>160</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)			

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 (*Pressure Grout*)
 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.

Eddie D. Shaver 029
 Name Certification No.
Henderson Drilling
 Registered Business Name
Eddie D. Shaver October 18, 1990
 Signed Date

(WELL HEAD TO BE COMPLETED BY OWNER)

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

N Hampshire Co. Health Department Installation Permit No. ST-14-89-29

Name of Owner Peter Brickford (Bickford)

Address P.O. Box 241, Kirby, WV

Property Address Kirby sign off Grassy Beck before Rt. 29

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served house No. Water Closets 1

Lot Size 86 ^{acres} sq. ft. Area suitable for sewage disposal installation 1 sq. ft.

Source of Water Supply well No. Lavatories 1

No. Bedrooms 3 No. Showers or Tubs 1 No. Baths 1

No. Garbage Grinders 1 No. Automatic Washers 1

SEPTIC TANK

Material thin precast Length x Width x Depth = cubic feet

Liquid Depth ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 10' Water Supply 100' Nearest Property Line 100'

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 36 Inches

Trench Depth 28-30 Inches Total Absorption area in Trench Bottom 765 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel - 24. ton

No. of Drain Lines 3 Depth Filter Media Under Drain Line 6-9 Inches

Length of Each Line 85, 85, 85, ft. Depth Filter Media Over Drain Line 2 in.

Distance of Disposal Field to: (a) Dwelling 34'

(b) Water Supply 120' (c) Nearest Property Line 100'

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.

8-16-88
Date

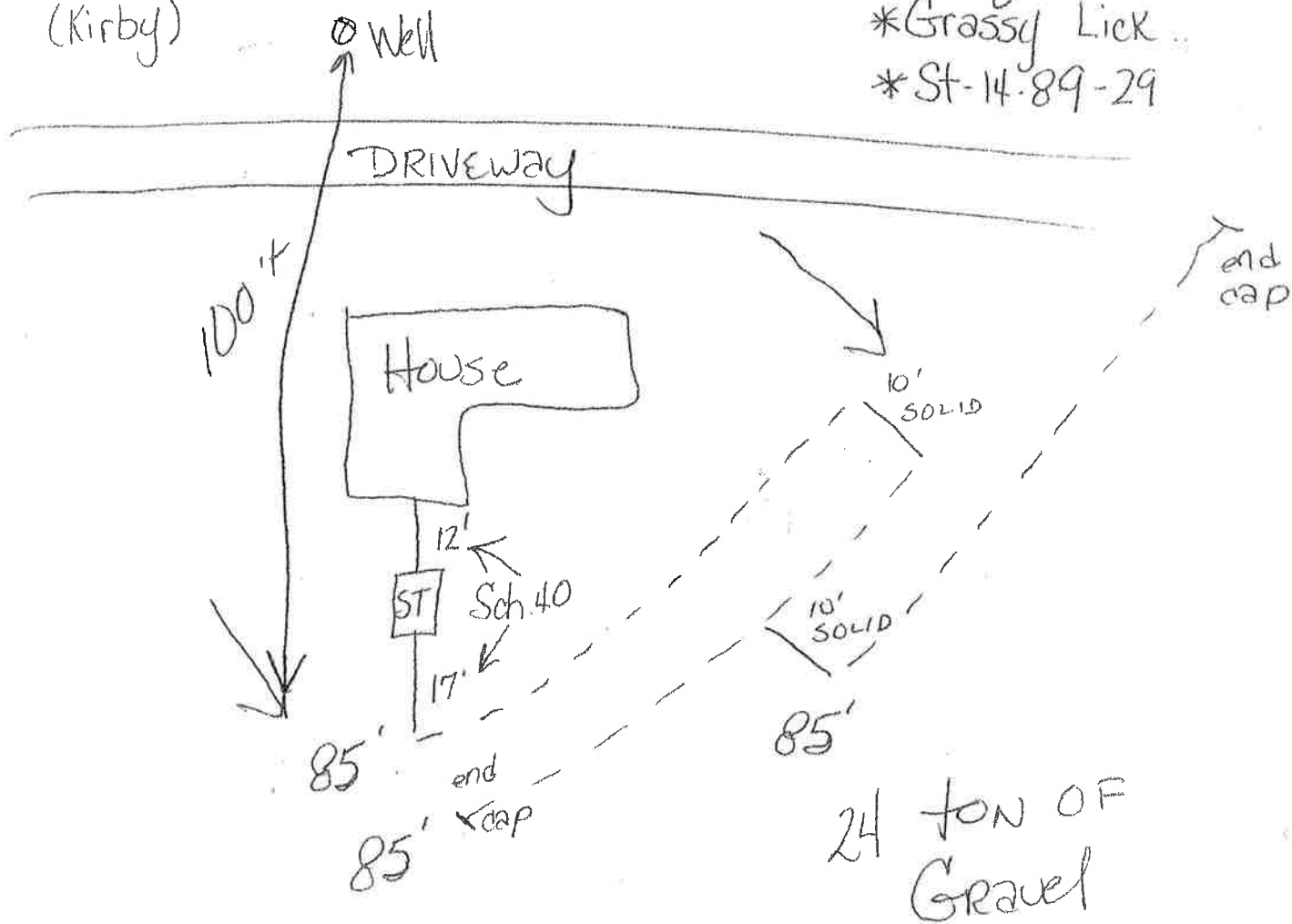
David Dunlop
Sanitarian

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.

Peter Brickford
(Kirby)

* Kirby
* Grassy Lick
* St-14-89-29



* All lines level to 2 inches

* Installed August 11, 1988

* Final grade diverts surface water away from system.

Installed
Calvin B. Davis