

ECODECO Lot 4A

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

Rec. 12-6-05

SW251

WELL COMPLETION REPORT

Date(s) 12-05-2005 County Hampshire Permit #: DW-14-05-274
 Town: Augusta Area Name/Location Dunmore Ridge Rd. to Letton Cheshire
 Well Owner: JEAN MARVIN-Berg Address: 3500 TLD ST. SO. ARLINGTON, VA 22204
 Telephone Number: 703-228-8586
 Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440 Springfield, WV 26763
 Telephone Number: 946-9977

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-24	Soft Red Shale + dirt	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
24-33	Red Shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
33-40	Layers of Blue + Brown shale	Well Depth: <u>320'</u> Date Completed: <u>12-05-2005</u>
40- 119 85	Red Sandstone	CASING: Length <u>77</u> Feet Height above ground <u>1</u> Feet
85-119	Layers of Red Shale + Red Sandstone	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
119-199	Red Sandstone	Other _____ Type _____
199-320'	Layers of Blue + Red Sandstone	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>90</u>		
Pumping Rate (GPM)	<u>7</u>		
Pumping Level (Ft Below Grade)	<u>318</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>2</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 is true to the best of my knowledge and belief.

H²O = 119' 5 GPM
 134' 2 GPM

Chris Wolford 574
 Name B.W. Smith Well Drilling Certification No.
 Registered Business Name Chris Wolford 12-05-2005
 Signed _____ Date

SS 177 7/96

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

Permit No.: ST-14-05-370

INSPECTION TO BE PRINTED OR TYPED

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Tax Map: 10 Parcel #: 224

County: Wangswe

County Road: _____

Name of Owner: Jean M. Berg Installer: Jeffrey Metcalfe

Address: HC 52 Box 1846 Augusta, WV 26204

Property Location: Downs Ridge Rd - ECODECOT - Lot 4A

Type of Facility: House Facility is: New () Existing () Lot Size: 20 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 2 BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Down

Distance (in feet) of Tank to: Dwelling: _____ Private () Public () Water Source: 50' Property Line: 10'

ON-SITE DISPOSAL SYSTEM to be

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: 36 inches/feet Depth to Bottom of Field: 24 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 60

Approved and Adequate Materials Used? Yes () No () Size Equates to 1000 Square Feet of Standard Gravel Field.

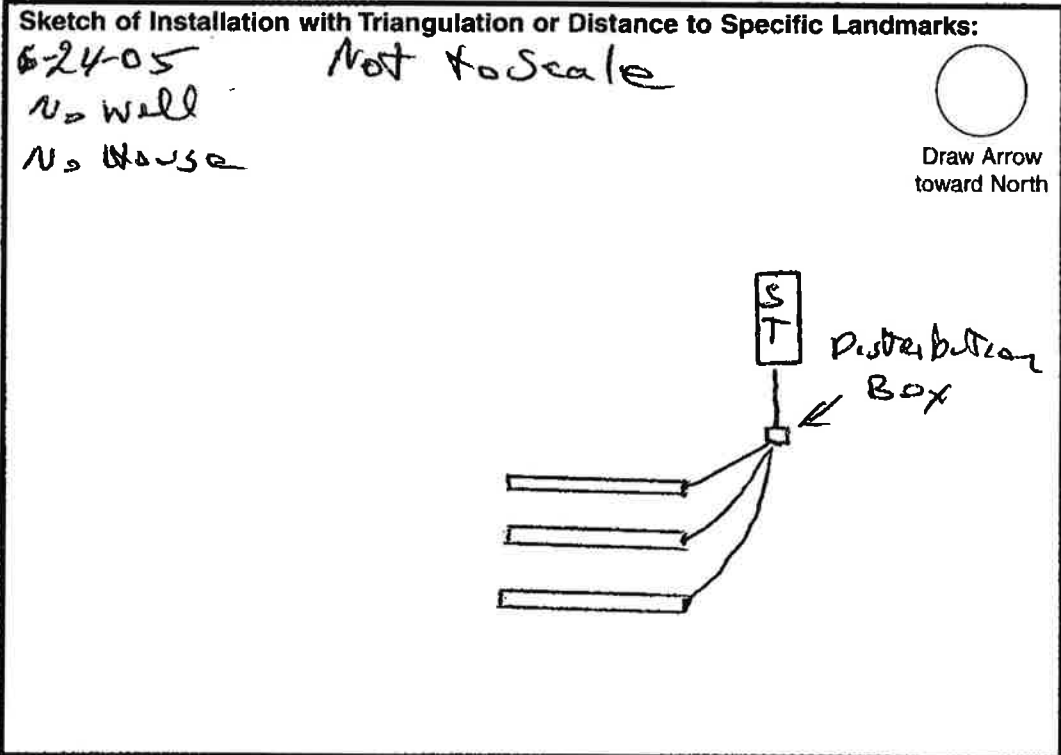
Distance (in feet) of System to: Dwelling: _____ Private () Public () Water Source: 100' Property Line: 10'

Remarks: to be

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) 6-16-05

Final Inspection Date: 6-24-05

Sanitarian: [Signature]