

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

SW258

**WELL COMPLETION REPORT**

Date(s) 10-11-02 County Hampshire Permit #: DW-14-03-54  
Town: Romney Area Name/Location 12 miles back on River Road on left  
Well Owner: Malvin Gano Address: 6274 Poplar Street  
Telephone Number: 757-336-5976 Chincoteague, VA 23336  
Well Driller: Christopher Wolford Address: P. O. Box 952  
Telephone Number: 822-4092 Romney, WV 26757

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: <u>Pressure Grouted</u>
0-2	Dirt & Sand	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
2-12	Loose River Rock & Dirt	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
12-16	Brown Shale	Well Depth: <u>80</u> Date Completed: <u>10-04-02</u>
16-80	Dk. blue Shale	CASING: Length <u>20</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		<b>SCREEN</b>
		<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>20</u>		
Pumping Rate (GPM)	<u>5</u>		
Pumping Level (Ft Below Grade)	<u>65</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. Royer W/1" Conduit  
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.

Christopher Wolford 574  
Name Miller Bros. Drilling Certification No. \_\_\_\_\_  
Registered Business Name \_\_\_\_\_ Date 10-11-02  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Hamshire  
HEALTH DEPARTMENT  
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY  
OR ABANDON A WATER WELL

SS#  
on file

PLEASE PRINT:

Property Owner: MELVIN GANOECertified Driller: Moller Bros DrillingAddress: 6274 Rte 1 StAddress: P.O. Box 952Chincoteague VA. 23336Romney WV 26757Phone: 304-822-4092Phone: (home) 757-336-5776 (business) 822-5600Driller Certification No.: 432 WV Contractor's No.: WV013740

Directions to property: Rt 50 W to River Rd, follow 12 miles, go 100 yds beyond concrete bridge, turn left to 2nd MN. on left.

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

☐ Residence, No. of bedrooms: \_\_\_\_\_ No. of individuals served: \_\_\_\_\_☐ New☐ Other \_\_\_\_\_☒ ExistingProperty deed recorded in Book No.: 269 Page(s): 199 Date the property deed was recorded: 1976Subdivision name: NONE Lot #: \_\_\_\_\_ Section #: \_\_\_\_\_County tax map: 8 Parcel No.: 6 Size of Lot: 2+ Square feet/acres

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

Melvin O. Ganoe  
(Signature of the owner or authorized agent)

Water well will be ☒ constructed ☐ modified and will be used for ☒ potable water. ☐ water exploration ☐ abandoned or other purposes: \_\_\_\_\_

Type of Casing: 6 5/8" OD SteelType and Method of Grouting: Bentonite, Pressure

If abandoning well, Abandonment Method: \_\_\_\_\_

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments 100' Sewers & Drains (non-watertight) \_\_\_\_\_ Privies (vault) \_\_\_\_\_Sewage Absorption Fields 100' Sewers & Drains (hydrostat. tested) \_\_\_\_\_ Sewage Holding Tank ✓Septic Tank 100' Barnyard/Feeding/Watering Area \_\_\_\_\_

Other: \_\_\_\_\_

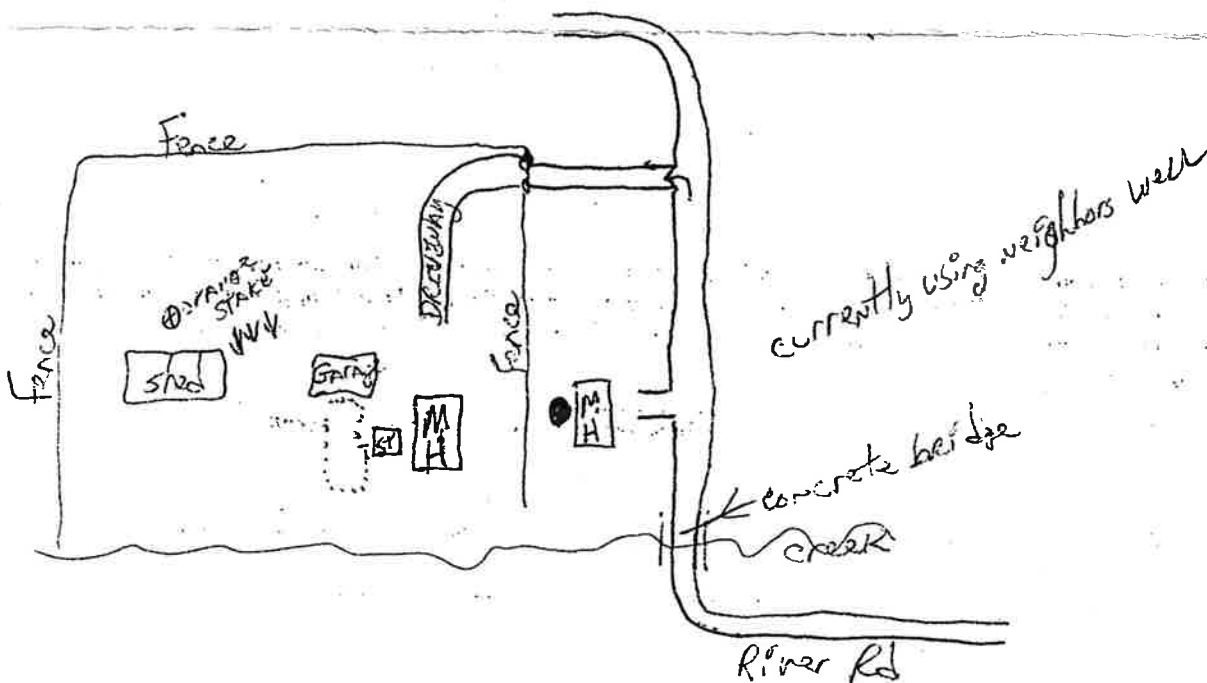
Distance to Property Line: 50'

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Driller [Signature]Date 9-18-02

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Water Supply	<input checked="" type="checkbox"/> Percolation Test Site
--- Soil Absorption Line	→ Dir. Of Ground Slope	___ Property Line
Trees	<span style="border: 1px solid black; padding: 2px;">ST</span> Septic Tank	<span style="border: 1px solid black; padding: 2px;">MH</span> Mobile Home



**FOR HEALTH DEPARTMENT USE ONLY:**

COUNTY: \_\_\_\_\_

Date Received: 9/20/02

Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

Date Evaluated: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date fee paid: \_\_\_\_\_

Received From: \_\_\_\_\_

Permit: ☐ Issued ☐ Denied Permit No.: \_\_\_\_\_

## WEST VIRGINIA BUREAU FOR PUBLIC HEALTH



# PERMIT

OWNER: Melvin Ganoe and DRILLER Miller Bros. Drilling

are hereby issued a permit to construct a well located

(Construct, Modify or Abandon)

at Rt 50 W to River RD. follow 12 miles, go 100 yds beyond concrete bridge,  
turn left to 2nd MH on left

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued 9-20-02

J. K. [Signature] Sanitarian

Issuing Officer

Title

Expires 9-20-03

Hampshire

Permit No. DW-14-03-72

County Health Department

This permit is not transferable and any change of information submitted in application dated 9-18-02 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES