

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

SW2

WELL COMPLETION REPORT

Date(s) 7/17/93 County Hampshire Permit #: DW-14-06-93-279
Town: _____ Area Name/Location Davy Ridge Lot 13
Well Owner: Garvin Kirk Address: 9530 Wightman Rd.
Telephone Number: 301-869-1026 Gaithersburg MD. 20879
Well Driller: B Mark Smith Address: Hc 86 Box 2A
Telephone Number: 304-822-4786 Springfield WV. 26763

WELL LOG

| DEPTH IN FEET | FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING | REMARKS: |
|---------------|--|---|
| 0-24 | Brown Shale | Type of Well: <u>home</u> Drilling Method: <u>Air Hammer</u> |
| 25-204 | hard dark gray shale | Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u> |
| 205 | Water | Well Depth: <u>512</u> Date Completed: <u>7/17/93</u> |
| 206-364 | hard gray shale | CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet |
| 365 | Water | <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron |
| 366-512 | hard gray shale | Other _____ Type _____ |
| | | SCREEN |
| | | <input checked="" type="checkbox"/> None Installed |
| | | Type _____ Diameter _____ |
| | | Slot/Gauge _____ Length _____ |
| | | Set Between _____ Ft. and _____ |
| | | |

40 Gph.

PUMPING OR BAILING TEST

| DETAILS | #1 | #2 | #3 |
|--|------------|----|----|
| Static Water Level (Ft. Below Grade) | <u>150</u> | | |
| Pumping Rate (GPM) | <u>3/4</u> | | |
| Pumping Level (Ft Below Grade) | <u>512</u> | | |
| Duration of Test (In Hours) | <u>1</u> | | |
| Recovery Time to Static Level (In Hours) | <u>24</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. pressure

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 _____
B. Mark Smith 7/17/93
Signed _____ Date _____

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Harpshin HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Permit No.: ST-14-05-359

Tax Map: 6 Parcel #: 0015

County Road: _____

County: Harpshin

Name of Owner: GARVIN & BILLIE KICK Installer: ROGER EVERETT
 Address: 9530 WIGHTMAN RD CATHARTSBURY MD 20879
 Property Location: DAVEY RIDGE S/D
 Type of Facility: RESIDENCE Facility is: New ☒ Existing () Lot Size: 5.33 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: WELL EXISTING

SEWAGE TANK COMPONENT

Capacity in Gallons: 1680 Material: Concrete Manufacturer: _____
 Distance (in feet) of Tank to: Dwelling: 27 Private ☒ Public () Water Source: 70 Property Line: 150+

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: _____

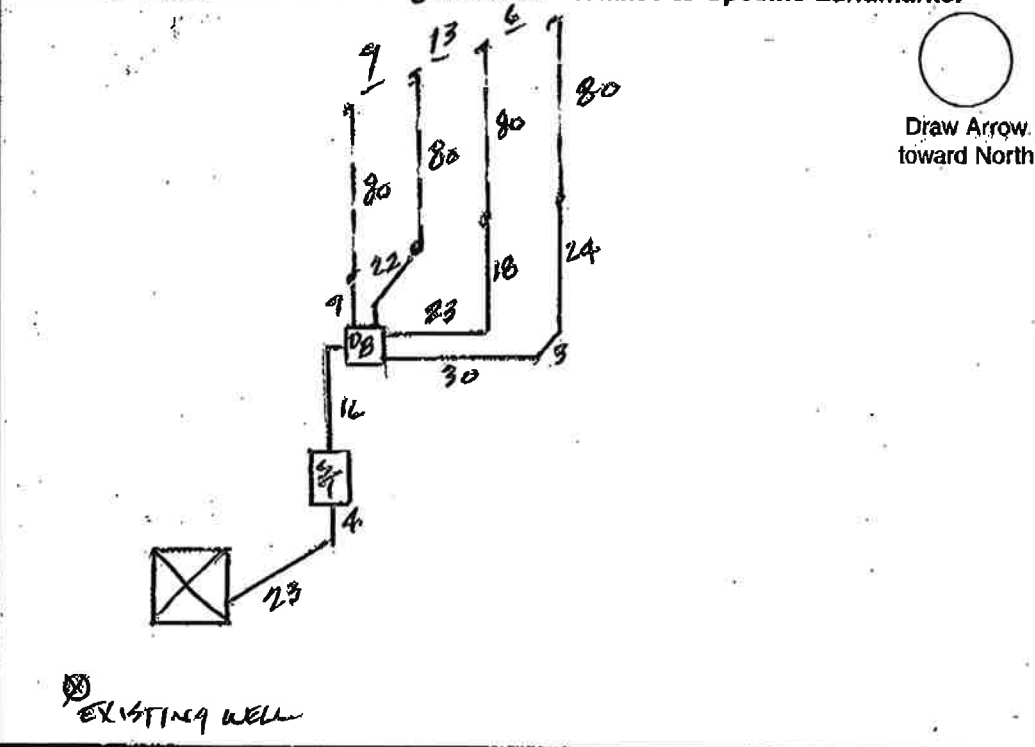
No of Lines: 4 Length (in feet) of Each: 80 80 80 80
 Width of Trenches: 3 inches/feet Depth to Bottom of Field: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
 Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 501 Square Feet of Standard Gravel Field.
 Distance (in feet) of System to: Dwelling: 50 Private ☒ Public () Water Source: 125 Property Line: 150
 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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:



Visit Date(s) 5-16-05, 6-7-05
 Final Inspection Date: 6-16-05

Sanitarian: D. White