SW258 10/01

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

	***************************************		WELL	COMPLETION REPORT	08-14-03-292
Town: August		3		Rr. 29 N. Joc. 127s R	tt. 29 towards par par
wner:	letopher s	o C		Address: RR 1 Boz 21 A	
Telephone Number:	200-9000			Augusta, WV	26704
Well Driller: Charle		O.		Address: P. O. Box 952	
Telephone Number: _	822-4092			Romney, WV 2675	37
WELL LOG					
DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	NATER BEA	RING	REMARKS: Pressure Grout	
0	seeld pield	301.70	Ct	Type of Well: D/W	Drilling Method: Air Percussi
S	1 20032000000	0 7 7	0 3 0	Well Diameter: 5 1/4"	Casing O.D.: 5 5/8"
3 30	7 Pros. 12		Brown	Well Depth: 240	Date Completed: 8-24-02
30.0046	S UPPER ST		8	CASING: Length CV Feet	Height above ground Feet
75	Sfc. Byn. Sh	Shale S	8000	Steel	Plastic Cast Iron
\$1 1 0	ct. Plue sande		•	Other	Туре
9 6 1 0		6		SCREEN	
				None Installed	
				Туре	Diameter
				Slot/Gauge	Length
				Set Between	Ft. and Ft
PUMPING OR BAILING TEST	G TEST			WELL HEAD	
DE	DETAILS	#1 #2	**	Pitless Adapter: Type, Mrke, Etc.	
Static Water Level (Ft. Below Grade)		Ø.		Well Cap: Type, Make, EtcR○y®	
Pumping Rate (GPM)		75		Well Seal: Type, Make, Etc.	
Pumping Level (Ft. Below Grade)				atform:	1
Duration of Test (In Hours)	lours)	N		Lengin X Cossult a Wom	Thickness
Recovery Time to Static Level (In Hours)		grest		All Public Water Supplies must be grouted.	1 -
I hereby certify that this is true to the best of my	well was drilled and consi knowledge and belief.	ructed und	er my s	pervision, in compilance with all requirements	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.
				Name Miller Bros. Drill	Certification No.

Registered Business Name 8-26-02

Date

SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA

ON-SITE SEWAGE DISPOSA INSPECTION FORM

County: A Now Y 7210

ON FORM	DISPOSAL SYSTEM	HEALTH DEPARTMENT
County Road:	lax wap:	A.
	Parcel #:	いいつ

Permit No.:

ST-14-02-3

W

0	Distance (in feet) of Tank to; Dwelling: / > Private (x)/Public () Water Source: 234	Capacity in Gallons: 1000 Material: Convolution Manufacturer:	Design Loading in gpd/No. Bedrooms: Source of Water Supply: Walk	Type of Facility: ★ ▷ ८ S ©	Property Location: RRL BOX 2 A ALXINA WV	Address: 292 to 120 Ru roff Gmile or	Name of Owner: CHRISTOSTER WOLFORD
ON-SITE DISPOSAL SYSTEM	/ > Private (<)/Public ()	SEWAGE TANK COMPONENT Marial: Co/VC/ZR Marian	Source of Wate	Facility is: New (>) Existing () Lot Size:	OX 2 P X	かんである	EWOLFORD Inst
EM	•	Manufacturer:	er Supply: Wall	ting () Lot Size:	20	子 () () () () ()	Installer: JELT
	Property Line: 🖊 🖒 🌴			Sq. Ft./Acres	6704	有	

Class I Systems: Standard Soil Absorption Trenches () or Bed () Chamber Soil Absorption Trenches (×) or Bed ()	າches()or Bed() n Trenches (汝) or Bed()	Gravelless Pipe (), Diameter: Inches
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Shallow Soil Absorption Trenches () or Bed ()	on Trenches () or Bed () Trenches () or Bed ()	Evapotranspiration Trenches () or Bed () Other:
No of Lines:	90,79,3	\$ X .
Width of Trenches: ら inches/feet Depth to Bottom of Field: とソゴしinches	Depth to Bottom of Fie	≱ld: ೭火૩ ♭ inches
If Bed, Dimensions (in Feet):	If Chamber System	If Chamber System, Name:/ペルスマネルン、No. of Units: ゲン
Approved and Adequate Materials Used? Yes (⊱) No () Size Equates to 200 Square Feet of Standard Gravel Field.	(>) No () Size Equates	to: <u>ಬರಿ</u> Square Feet of Standard Gravel Field
Distance (in feet) of System to: Dwelling: iのヤーPrivate (ツ/Public () Water Source: よりつ Property Line: / ○	Private (>)/Public () Water Source:
Remarks:	0	

DOES MEET (>), An inspection indicates that the sewage disposal system described above

DOES NOT MEET (),
CANNOT BE DETERMINED TO

Bureau of Public Health. established by the West Virginia **MEET ()** the minimum standards

system. Such modifications may modifications to existing systems may be done to improve part of a To correct a health hazard,

does meet system since inadequate information is known. not be able to be designated as a

functioning of a sewage disposal system, this office recommends water throughout the week. maintaining an even usage of water conservation and Although many factors contribute to the successful

Sketch of Installation with Triangulation or Distance to Specific Landmarks: A K K SO PISTA 87 2 5 (P 0 / 500 Draw Arrow toward North

Final Inspection Date: Visit Date(s) Ĉ.

Sanitarian:

Hampshire County Health Department HC 71, Box 9 Augusta, WV 26704 (304) 496-9640 Fax: (304) 496-9650

February 23, 2010

Hampshire County Planning Commission P. O. Box 883
Romney, WV 26757

Dear Sirs;

dwelling. This office has reviewed a plat of survey for Christopher Wolford to a lot located in the Bloomery, and further referenced as Tax Map 8, Parcel 14, Deed book 414, Page 611. This lot consists of 2.00 acres. All lots require a percolation test and a sewage disposal area of 10,000 square feet where no development or structures other than the septic system shall be permitted. This lot is to be developed with an individual well and septic system to serve a single family

application Percolation test results are within limits as set forth by West Virginia CSR 16-1. Six foot soil observation holes indicate no restrictions due to water table or shallow bedrock within the designated sewage disposal area **except as noted on the Health Department subdivision**

approved plat, will make this approval null and void. The plat of survey dated February 19.2010 is hereby approved by the Hampshire County Health Department for a Class I sewage system. Any changes or revisions to the Health Department stamped and signed plat, or subsequent final plats approved based upon the

This approval is not a permit for individual water systems or individual sewer systems. Applications for permits must be made separately to the Hampshire County Health Department.

cc: Christopher Wolford

Sincerely, Jim Kinder R.S.



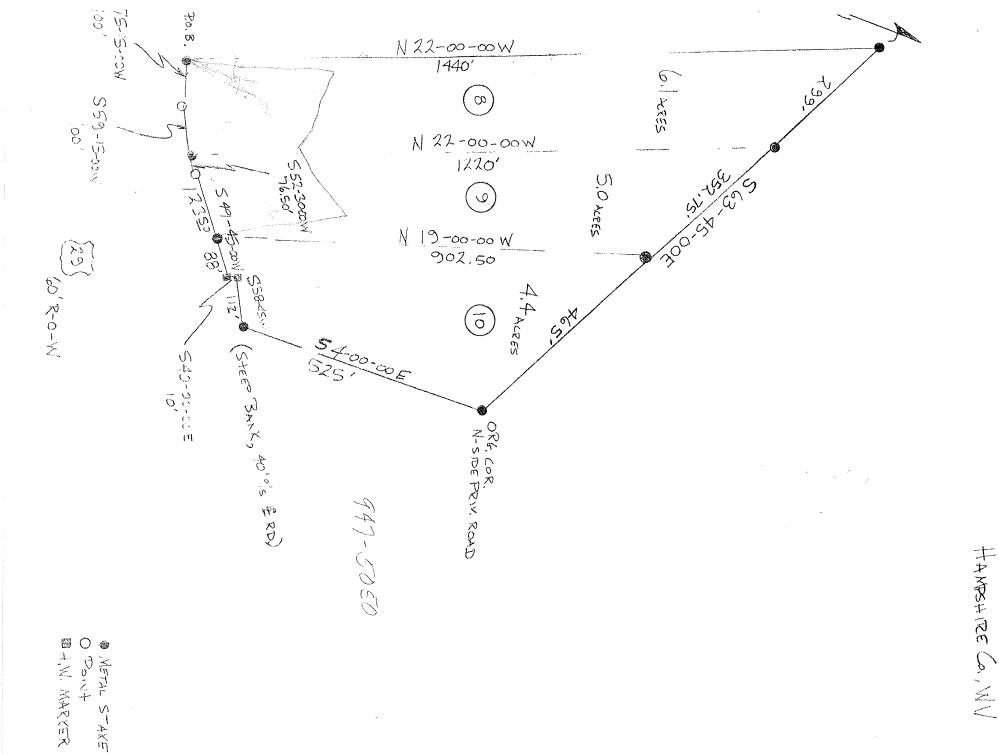
Hampshire County Health Department

HC 71, Box 9
Augusta, WV 26704
Nursing: (304) 496-9640 Environmental: (304) 496-9641
Fax: (304) 496-9650

80BUIN	SUBDIVISION APPROVAL APPLICATION	CATION
I. General Information Name of Applicant:	1	Phone: 304-947-5052
Property Owner Name & Address:	SAME	NV hours
Deed Recorded in Book: 414 Tax District: Blog MERY	Map: Page # (01)	County of: Hampshire Parcel: 00380000
Total Acreage of Tract: 15.5	٠,	ope
tion of Property (be specific,	map may be attached):	es North c
17.11 7.11 [V 0.7.17 2.70 [7.1]	IAI East, OA KT. AL	LOSTER ON LOC CELL
Type of Structure(s) to be constructed:	icted: DOUBLE wife	
Signature of Applicant:	mistopher Wolford	Date: 2-18-2010
II. Check List		
Three (3) copies of plat plan of property (show lot layout, lot dimensions, lot numbers, streets, location of percolation test holes and six foot test holes, loca wells and public water lines, location of 10,000 square foot reserve area) must accompany this application.	n of property (show lot la f percolation test holes ar s, location of 10,000 squar	Three (3) copies of plat plan of property (show lot layout, lot dimensions, lot numbers, streets, location of percolation test holes and six foot test holes, location of wells and public water lines, location of 10,000 square foot reserve area) must accompany this application.
A \$12560 per lot permit of approval fee must accompany any application	spproval fee must accomp	any any application
*In addition, a site visit of the proposed subdivision must be made by the appropriate Health Department Representative prior to permit issuance.	he proposed subdivision nent Representative prior	ust be made by the to permit issuance.
II. Health Department Use Only		
ate Application Received: $\mathcal{R} \rightarrow 3-/\partial$	Receipt#	49736/ By:
pproval Issued Tyes No 1	No Permit # ST-14-07	Date: RAY/8

Hampshire County Health Department

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												ļ	<u> </u>									نر	_	Number	2	er A	er Si	G S S	# of]	visio
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Molterd Wolterd





HC 71, Box 9 Augusta, WV 26704 Nursing: (304) 496-9640 Environ County Health Department

Environmental: (304) 496-9641

Fax: (304) 496-9650 SUBDIVISION APPROVAL APPLICATION

*In addition, a site visit of the proposed subdivision must be made by the appropriate Health Department Representative prior to permit issuance. III. Health Department Use Only	্ৰ ১১০৬০ A \$12566 per lot permit of approval fee must accompany any application	II. Check List Three (3) copies of plat plan of property (show lot layout, lot dimensions, lot numbers, streets, location of percolation test holes and six foot test holes, location of wells and public water lines, location of 10,000 square foot reserve area) must accompany this application.	Type of Structure(s) to be constructed: 0008LE wife Signature of Applicant: Amistigative Wolfend. Date: 2-18-2010	Deed Recorded in Book: 414 Page # 611 County of: Hampshire Tax District: 8100MERY Map: 18 Parcel: 2038 2000 Total Acreage of Tract: 15.50 AL Total Acreage to be developed: 2 AC Number of Lots to be developed: 1 Drinking water source: WELL Location of Property (be specific, map may be attached): 2.60 miles North of Interved Rt. 24 North on the Left	I. General Information Name of Applicant: Christopher Wolford Phone: 304-947-5050 Mailing Address: RR Box 132 B PAW PAW WV 25434 Property Owner Name & Address: SAME
.	ă	ns, lot ss, location of) must	-18-2010	R 0000 R 0000 R 0000 R AC LL LL LL Left	94-947-5050

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