





04-10-'12 08:45 FROM-HAMPSHIRE CO.					HEALTH 3044969650	T-536 P0001 F-541		
Rev 2	Rev 2/11 DATE THE WELL		West Virginia Department of	'5' FORM SW-258				
				MPLETED	Health and Human Resources	THIS REPORT MUST BE		
4	ST/CO USE ONLY MM DD YY				BUREAU FOR PUBLIC HEALTH	SUBMITTED WITHIN 30 DAYS		
DAT	DATE RECEIVED 2 17 2012			1 2012	WATER WELL	AFTER WELL IS COMPLETED		
1	ממי	3737	PERM	IT NO.	COMPLETION	FILL IN THIS FORM		
MIM	(DD	YY	DW 14.	12-044	REPORT	COMPLETELY		
				14-011	REPORT	PLEASE PRINT OR TYPE		
		OF WEI	<u>.L</u>		First Name B. W. Smith			
Taraban Carrier	/Road		554 L1	CX	County HAMPSI-118C Zip Code			
	***************************************	(J)(1),	>>1 ~1		AREA NAME/LOCATION: TYPE OF WELL:			
Latitu	de:	Deg	Min	Sec		Potable Public Water Supply		
Longi	tude:	Deg_	Min_	Sec	MCINTOSH	Geothermal Industrial		
Acqui	rea By:	L GPS [∏Торо □О	ther	HEIGHTS	Commercial Dewatering		
1					607 5	☐ Irrigation ☐ Test/Exploratory		
			T T O O	The second secon		Other		
		WEL	L LOG		DRILLING METHOD Cable Tool Rotary	GROUTING RECORD Grouting Material:		
n		State th	e kind of forn	antion	Rotary Hammer Other	Crouling Material: Cement Bentonite Clay		
l D	epth	1	ted, their colo					
From	То		vater bearing v		Hole Diameter(in)	Other No. of Bags: 4		
(ft.)	(ft.)		e flow (GPM)		Total depth 400 (ft)	Installation Method:		
					CASINGS RECORD MAIN CASING TYPE	PRESTURE		
0	49	Lay	ers' 6 f	Red	Steel Plastic	PUMP INSTALLED		
		Layers of Red + Dark Brown Shale Layers of Red Shale + Red Sandstone + Gray Sandstone				By Driller Yes No ESTIMATED WELL YIELD		
44	400	1-640	00 OF 1	Red Shale	Casing Diameter 6 78 (in)	Estimated at 7 G.P.M		
77	100	- 5 /	Contibus		Wall Thickness 188 (in)	Static Water Level 100 (ft)		
		Fresh.	36AD 4 0 016	in a se	Casing Length(ft)	*Pumping level below land surface		
		07	'my sands	d nv	Other Casing or Liner Used	398 (ft) after / hrs. at		
1-2/	(2)	8.6.1	·c - 13	GIM	Type Steel Plastic Other	G.P.M. (Estimated)		
135	1.0	00,11		64.	Casing/Liner Diameter(in)	*Note: For Public Water Supply		
189	190	Wat	er - 12	GPM	Length(ft) from(ft)			
		المحدد الما	- 12	GFIM	to(ft)	WELL HEAD COMPLETION		
311	312	Win I	.,		SCREEN RECORD	Casing height above grade(ft)		
343	344-	Water - 12 GAM Water - 4 GAM		GAM	Not Installed Installed Material: Bronze Plastic	Type Of Well Cap		
313	2 ' 1				Diameter of screen(in)	Installed:		
		Sligh	tly		Slot size	VARIANCE ISSUED Yes No		
110	162-	slightly fractured Spat			Length(ft) from(ft)	Request Number		
160	.07				to(ft)	COMMENTS BY INSTALLER:		
		Tř oddition	al space is needed,		GRAVEL PACK RECORD Gravel Pack: Yes X No			
		additional	sheets and attach		From(ft) to(ft)			
I hereby	certify tha	top. t this well h	ias been construe	ted in accordan	nce with state rules and in conformance with	-		
all condi	tions state	d in the abo	ve captioned pen		e information presented herein is accurate			
			knowledge.	APRILATE		-		
Compan	y Name 🛭 Registra	tion No. 7	105-539	Master W	V Contractor No. 038705			
Master V	Well Drill	er (print)	Ch,	ris Welfe	Ill Driller Certification No			
Master \	Well Drill	er Signatur						
SITE SU SITEW(PERVISO ORK IF D	OR (SIGNA IFFEREN						
Journey	man Well	Driller Cei						
Journey	man Well	Driller (ple	ease print)					
Apprenti	ice and Na	ame (s)			У			

04-09-12 15:03 FROM-HAMPSH	IRE CO. HEALTH	3044969650		T-535 P0002	
PERMIT TO BE Hampsh	ire County	HEALTH DE	PARTMENT	Permit ST -/Y -	01-054
I PRINTED OR TYPED I	SEWAGE DIS			Tax Map	
	- 0				ad No.:
Owner: HOMER	Feller	Certifie	d Installer: 👂	1. Kidu	,all
Address: Routa 60	BOX 31.	J Address	" HC	60 B 001	08
hevels	WVLSY		go, vo	45 WV 25	437
You are hereby issued a permi	it to: (%) install	or f I modify		,	
MCINT		· · · · · · · · · · · · · · · · · · ·			
100	02 14 14-19		0 1300 1		
Facility: Hause Design	Flow: 3 BR	Lot Size: 2.0	63 M./Acre	es Water Source: _	well
Based Upon Review of the Information	ON OF YOUR SUBMIT	TTED APPLICATION	I, DATED 8-	1/- 0 0 , AN	D THE PROPER
INSTALLATION OF THE HEREIN DESCRIBED	SYSTEM, THE SYSTE	EM SHALL BE IN C	OMPLIANCE WITH	APPLICABLE WEST V	IRGINIA SEWAGE
SYSTEM RULES AND DESIGN STANDARDS					
The sewage system shall cons				ionavata	
Septic tank - Capacity: 10	gallons o	or more, Const	tructed of:	ondrete	
Soil disposal system with a min	imum equivalency	or 900	square feet of	conventional grave	or trench area.
Depth to the bottom of the trem [X] Gravel system: Lengths	of lines, 100 T	ntion shall be;	mone	teet Width:	· 36 inches
[] Chamber system: Numb	er of units:	. Length of lir		1000, 1110111	, units,
Manufacturer of chambe					,
[] Bed system: [] Grave	l, [] Chamber;	Length:	feet, Widt	h:feet.	
[] Bed system: [] Grave [] Other: X May also	be 10" grav	elless or	equivalent	36" chamber	system,
Diversion	Ditch if n	eeded			
This permit is non-tranferable and	Sketch of system:		50 y 40 Maria 10 Mari	2004/1008/27032/032/032/032	
automatically expires 12 months	10,000	NOT	TO SCALE		
after issue date.	Square foo	t		lle well	Draw Arrow
This permit is NULL and VOID	Reserve Area				Toward North
when official inspection reveals	Required		7		
conditions different than those		113	Jouse .		
stipulated on the permit or facts are later found that would indicate		these			
non-compliance with applicable			157-1		
rules.					
All systems must be inspected		~ ~	·		
and approved prior to being		استغيب إحظمت	سنده موسر اسار المداد	······································	
covered with earth or placed into			more than the same of the same	name de la companya d	
use.	r a	1	-4		
The applicant or his agent	FOR EX	: A et La	ocation	-\$	
must notify this department:	SAR FIR	LAL PI	4AT		
7 hours or more prior to	i I	•	V 1		
planned inspection time.					
_					
8-21-00	COLORED CO. Lakerman que pro accesso que la colore La colore de la col	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Week All Res . Mily received to the second s	**************************************	

Additional specifications on reverse:

Page 2

REPORT SHEET

FOR

PERCOLATION AND SIX FOOT HOLE TESTING

Total Number of Lots 5 Name of Applicant House Feller										
Total Number of Lots 5 Name of Applicant Hower Feller										
Name of Certified Installer Responsible for Testing Dl. Wille										
Installer Certification No. 54.95-0230Installer Signature J. M. Jull										
						Six Foot Hole Results				
Lot No.	Percolation Test Results (Minutes Per Inch of Fall)				Average Result	Depth to Water	Depth to Rock	Da Cor		
	120	126	114	120	480	6.	6			
3	180	170	120	140	610	6	4			
3	174	105	310	168	6.60	6	6			
4	150	175	120	140	585	6	6			
5	96	102	102	114	414	6	61	Total State of the		
					7			Children by Company		
			Append John of Cale As advanced					PROGRAMMA AND AND AND AND AND AND AND AND AND AN		
					har till 4 de fortune som dem som verskelderen flis filmer			***************************************		

(Attach additional pages if needed)