

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

Rec 8-17-06

WELL COMPLETION REPORT

Date(s) 8-17-06 County Hampshire Permit # DW1406379
Town: Paw Paw Area Name/Location Eagle Mountain Estates Lot A2
Well Owner: William Burns Address: 175 Muirfield Court
Telephone Number: (304) 725-5024 Chalres Town WV 25414
Well Driller: Miller Brothers Drilling Address: PO Box 670
Telephone Number: (304) 822-4092 Augusta WV 26704

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-56	Brown shale	Type of Well: <u>House</u> Drilling Method: <u>Air rotary</u>
58-222	Red & blue sandstone	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>7"</u>
		Well Depth: <u>222'</u> Date Completed: <u>8-17-06</u>
		CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
		<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		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>60</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft. Below Grade)	<u>220</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)			

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.

Bobby Allred

602

Name

Certification No.

Miller Brothers Drilling

8-17-06

Registered Business Name

Signed

Date

PERMIT TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-06-318
Tax Map 10 Parcel # 35
County Road No.: _____

Owner: William Burns Certified Installer: Billy HART
Address: 17.5 MOOREFIELD CT Address: RT 1 BOX 16342
CHARLESTOWN, WV 25414 PAN PAN, WV 25434

You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:

Box 606 RT 1 S-b division A-2

Facility: ADUG Design Flow: 2 BR Lot Size: 10.4 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 3-14-6, AND THE PROPER INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SEWAGE SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

- ☒ Septic tank - Capacity: 1000 gallons or more, Constructed of: concrete
☐ Soil disposal system with a minimum equivalency of 900 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 24 inches from original ground surface.
☐ Gravel system: Lengths of lines: _____, _____, _____, _____ feet, Width: 36 inches.
☐ Chamber system: Number of units: _____, Length of lines: _____, _____, _____ units,
Manufacturer of chamber: _____
☐ Bed system: ☐ Gravel, ☐ Chamber; Length: _____ feet, Width: _____ feet.
☒ Other: Curtain Drain if needed 180 linear feet
of 36" chambers

This permit is non-transferable and automatically expires 12 months after issue date.

This permit is **NULL and VOID** when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 72 hours or more prior to planned inspection time.

3-15-06

Issue Date

496-9641
County Office / Phone Number

Sketch of system:

NOT TO SCALE

10,000
SQUARE FOOT
RESERVE AREA
REQUIRED

House

ST



Draw Arrow
Toward North

Additional specifications
on reverse:

J. K. Kudo
Health Officer or Sanitarian