

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

SW258
10/01

Per
12-605

WELL COMPLETION REPORT

Date(s) 11-17-2005 County Hampshire Permit #: DW-14-06-148
Town: Greenspring Area Name/Location 5.5 miles on Greenspring Rd. on right
Well Owner: Charles Robinson Address: 55 Russell Rd
Telephone Number: 410-658-8192 Colma MD 21917
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Telephone Number: 496-9477 Springfield, WV 26163

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 3	Brown shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
3 - 4	Clay	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
4 - 17	Brown shale	Well Depth: <u>240"</u> Date Completed: <u>11-17-2005</u>
17 - 108	Dark Gray shale	CASING: Length <u>40"</u> Feet Height above ground <u>1</u> Feet
108 - 140	Black shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
140 - 240"	Dark Gray shale	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>45</u>		
Pumping Rate (GPM)	<u>12</u>		
Pumping Level (Ft. Below Grade)	<u>238</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. _____
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.

H²O = 112" 7 GPM
172" 3 GPM
204" 2 GPM

Chris Wolford 574
Name B.W. Smith Well Drilling Certification No.
Registered Business Name Chris Wolford 11-17-2005
Signed _____ Date

SS 177-7496

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-05-185
Tax Map: 21 Parcel #: 3442
County Road: _____County: HampshireName of Owner: CHARLES E. ROBINSON Installer: ED SALEMAYER
Address: 55 RUSSEL RD. COLGATA MD 21917
Property Location: GREEN SPRING (CROSS TRAILS) ON RT
Type of Facility: RESIDENCE Facility is: New (☒) Existing (☐) Lot Size: 81 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 BL Source of Water Supply: PUBLIC

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: _____
Distance (in feet) of Tank to: Dwelling: 20 Private (☒) Public (☐) Water Source: 50 Property Line: 150+

ON-SITE DISPOSAL SYSTEM

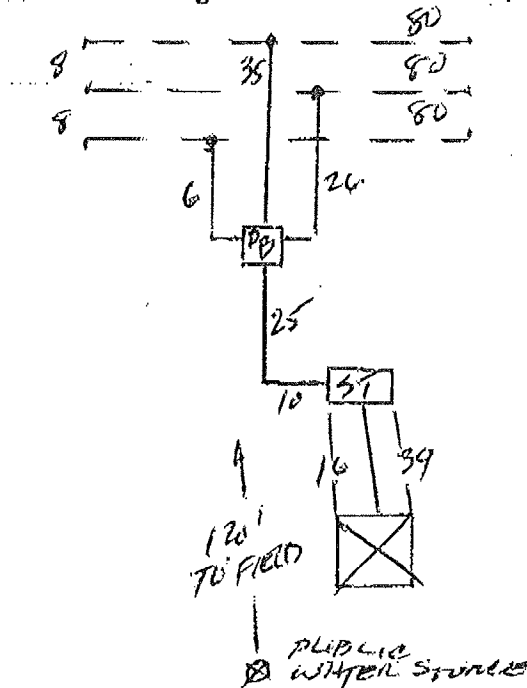
Class I Systems: Standard Soil Absorption Trenches (☐) or Bed (☐) Gravelless Pipe (☐) Diameter: _____ Inches
Chamber Soil Absorption Trenches (☒) or Bed (☐)
Class II Systems: Pumped/Dosed Soil Absorption Trenches (☐) or Bed (☐) Evapotranspiration Trenches (☐) or Bed (☐)
Shallow Soil Absorption Trenches (☐) or Bed (☐) Other: _____No of Lines: 3 Length (in feet) of Each: 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: 200 Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: 60 Private (☐) Public (☒) Water Source: 120 Property Line: 200+
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:

Draw Arrow
toward NorthVisit Date(s) 10-19-04
Final Inspection Date: 10-24-05Sanitarian: D. White