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and the second						
	But Office of E				t of Health and Human Resources reau of Public Health Invironmental Health Services INTAL ENGINEERING DIVISION	Hampshire sw25 10/01 DEC 1 7 2004
WELL					OMPLETION REPORT	
Date(s) 12-14	1-04 Cour	ity Har	npsh	ire	Permit #: DW-14-05-	Co. Health
					RRannellls road to senti	
Well Owner: William Offutt			_	Address: HC 64 Box 2023	Farms Lit	
Telephone Number: 822 8451				Romney, WV 26757		
				Address: P.O.NBox 952	72 10	
Telephone Number: 822-4092				Rommney, WV 2675	7	
WELL LOG						
DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING			3	REMARKS: Pressure Grout	ed
0-15	Clatz				Type of Well:D/W Dri	lling Method: <u>Air Percussio</u>
15-52					Well Diameter: <u>6 1/8"</u> Ca	
52-90	Rede Shale Blue Shale		Well Depth: 240 Da	te Completed: <u>12/14/04</u>		
	1				CASING: Length 62 Feet	Height above ground 1 Feet
90-145	Red Shale				文 Steel 🏻 Pl	astic Cast iron
145-150	Gray Shale				Other	Туре
150-195	Red Shale					Туре
195-230	Blue Shale				SCREEN	
230-240	Red Shale		None Installed			
		-61 m - 204	in and the		Type Dia	meter
					Slot/Gauge Ler	
			n		Set Between Ft.	and
PUMPING OR BAIL	ING TEST				WELL HEAD	
DETAILS #1 #2		#2	#3	Pitless Adapter: Type, Make, Etc.		
Static Water Level (Ft. Below Grade) 60				Well Cap: Type, Make, Etc. Royer W	1" Conduit	
Describer Defe (ODM)		75			Well Seal: Type, Make, Etc.	
Rumping Level (Et Below Grade)		225			Well Platform:	
Duration of Test (In Hours)					Length Width	Thickness
2		2			Presusre Grouting: X 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.

	Jeffrey	MIller	255	_
Name		Bros	Certification No. Drilling	
Registered Bu	iness Mane	mille	12-15-04	5
Signed /	110	////	Date	

FROM:Hampshire Co Health Dept TO:304-822-4658 04/04/2019 13:36:07 #458 P.002/003

SS 177 7/96 STATE OF WEST VIRGINIA Permit No.: ST-/4-15-33 INSPECTION TO BE HAMBAINE (MAREALTH DEPARTMENT ON-SITE SEWAGE DISPOSAL SYSTEM Permit No.: ST-/4-15-33 County: HAMBAINE (MAREALTH DEPARTMENT ON-SITE SEWAGE DISPOSAL SYSTEM Tax Map: Parcel #: I? Name of Owner: OWNERT ROBIN PRINT INSPECTION FORM Permit No.: ST-/4-15-33 Name of Owner: OWNERT ROBIN PRINT Installer: Parcel #: I? Address: HC 64 Box 3023 Property Location: ETP PANLET PD TO SENTINEC (PT) TO CARGE PONP Type of Facility: PESIPENCE Facility is: New (A Existing ()) Lot Size: H, 84/02 Sq. Ft /Acres Design Loading in gpd/No. Bedrooms: SEWAGE TANK COMPONENT Material: SEWAGE TANK COMPONENT Capacity in Gallons: Material: ON-SITE DISPOSAL SYSTEM Property Line: 150 ON-SITE DISPOSAL SYSTEM ON-SITE DISPOSAL SYSTEM Property Line: 150
Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: Inches Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
No of Lines: 3 Length (in feet) of Each: 30<

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.

Visit Date(s) 7-2-04 Final Inspection Date: 12

Sketch of Installation with Triangulation or Distance to Specific Landmarks: Draw Arrow toward North PANP

Sanitarian