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

SW255
10/01

WELL COMPLETION REPORT

Date: [illegible] County: [illegible] Permit #: GW 19-06-114

Type: [illegible] Area Name/Location: [illegible] ESTATES

Well Owner: [illegible] Address: RC 81 BOX 30

Telephone Number: [illegible] [illegible], WV 26865

Well Driller: [illegible] Address: P.O. BOX 440

Telephone Number: [illegible] SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS (KIND, THICKNESS, AND IF WATER BEARING)
0 - 11	[illegible] SHALE
11 - 64	GRAY SHALE
112	WATER
[illegible]	GRAY SHALE
[illegible]	FRACTURED WATER- BEARING FORMATION
[illegible]	GRAY SHALE
[illegible]	FRACTURED WATER- BEARING FORMATION

REMARKS: 156' 4" CERTA-LOK

Type of Well: DOMESTIC Drilling Method: AIR DTH

Well Diameter: 6" Casing O.D.: 6 5/8"

Well Depth: 160' Date Completed: 7-20-06

CASING: Length [illegible] Feet Height above ground 1 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other ______ Type

SCREEN

☐ None Installed

Type: PVC Diameter: 4"

Slot/Gauge: .02 Length: 16

Set Between: 144 Ft. and 160 Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	30		
Pumping Rate (GPM)	25		
Pumping Level (Ft. Below Grade)	160		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1/2		

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.

Name: [illegible] SMITH Certification No.: 001

Registered Business Name: [illegible] SMITH WELL DRILLING

Signed: [illegible] Date: 7-20-06

SS 177 7/00

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
_____ HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-14-0620S

County: HAMPSHIRE Tax Map: 12 Parcel #: 49

County Road: _____

Name of Owner: DAVID FRAZIER Installer: Edwin McKee

Address: Rt 82, Box 30 Yellow Spring WV 26865

Property Location: Dillons Run Estates Lot # 18

Type of Facility: HOUSE Facility is: New (X) Existing ( ) Lot Size: 5.08 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 4 BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: J.I.

Distances (in feet) of Tank to: Dwelling: 52 Private ( )/Public ( ) Water Source: 80 Property Line: 107

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: 4 Length (in feet) of Each: 80, 80, 80, 60, _____, _____, _____

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 Inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 80

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 1600 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 110 Private ( )/Public ( ) Water Source: 102 Property Line: 107

Remarks: _____

An inspection indicates that the sewage disposal system described above

DOES MEET (X),

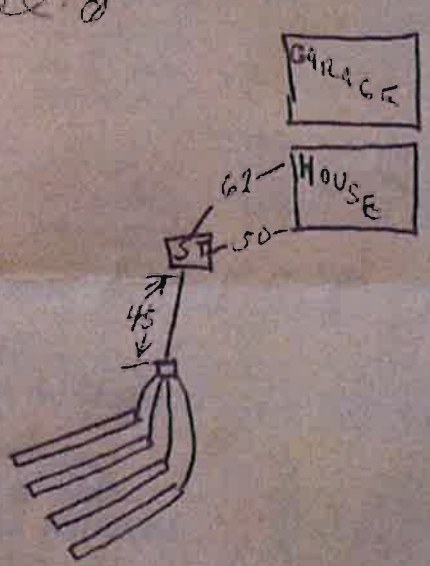
DOES NOT MEET ( ),

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 adequate 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 North

Not to Scale

Visit Date(s): 11-22-05

Final Inspection Date: 12-2-06 Sanitarian: _____