

## Permit # ST-14-08-128

## SEWAGE TANK COMPONENT

## ON-SITE DISPOSAL SYSTEM

SANITARIAN:

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

SW258

Rev. 1-2-508

WELL COMPLETION REPORT

Date(s) 1-22-08 County Hampshire Permit #: Dw-1408-103  
Town: Augusta Area Name/Location Brill Lane/Wright's Subdivision Lot 1  
Well Owner: Charles Wean Address: 774 Russell Road  
Telephone Number: (540)955-3327 Berryville VA 22611  
Well Driller: Miller Well 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:
0-30	Red shale & sandstone	Type of Well: <u>House</u> Drilling Method: <u>Air rotary</u>
30-182	Blue shale & sandstone	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>7"</u>
		Well Depth: <u>182'</u> Date Completed: <u>1-22-08</u>
		CASING: Length <u>40</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)	60		
Pumping Rate (GPM)	15		
Pumping Level (Ft. Below Grade)	180		
Duration of Test (In Hours)	1		
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.

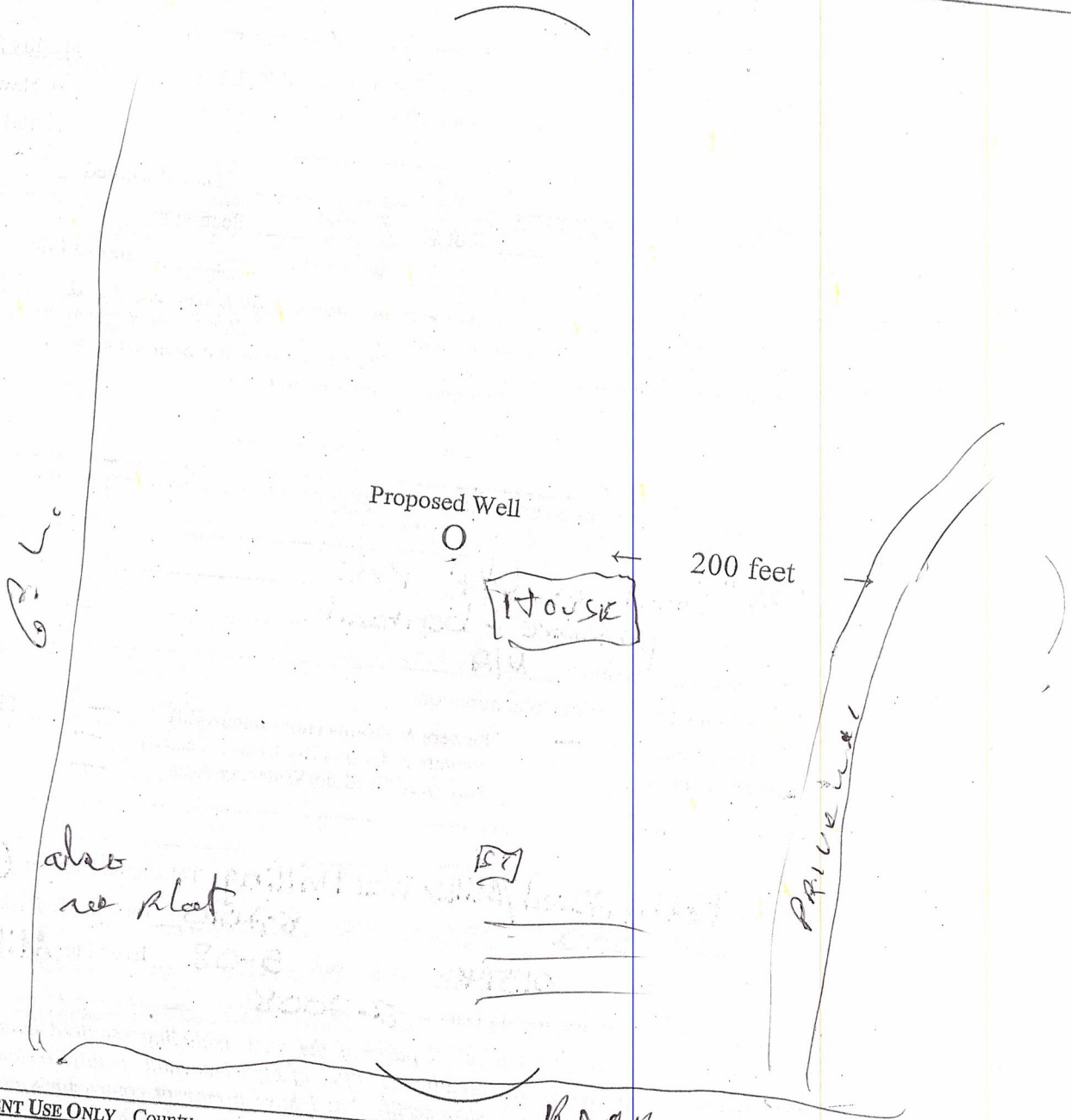
I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Miller Well Drilling  
Name Bobby Allred Certification No. 602  
Registered Business Name \_\_\_\_\_  
Signed [Signature] Date 1-22-08

Please draw a sketch of the property showing existing or proposed well with locations and distance to structures, existing or proposed sewage systems within 200 feet of well location, slope and lot dimensions. Locate and show distances to animal pens, barnyards, any other factors which may be a possible source of contamination for water supply.

☐ House    -x- Water supply line    ○ Water Supply    IIIII Trees    (P) Percolation Test Site    ■ Septic Tank  
-----Soil absorption line    → Direction of ground slope    \_\_\_\_\_ Property line    [MH] Mobile Home

Draw all existing and proposed sewage systems within 200 feet of proposed well location



FOR HEALTH DEPARTMENT USE ONLY			
Date Site Evaluation _____	County _____	Coordinates N _____ W _____	Date Rec'd. <u>1-11-08</u>
Contractor's Bond/Letter of Credit Exp. Date Verified By _____		Date Fee Paid _____	Rec'd. From _____
Water Well Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Permit No. _____	Liability Ins. Exp. Date Verified By _____	Comments _____

*Receipt # 068371*