Rec 6-28-00

SW258

WV STATE DEPARTMENT OF HEALTH
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT Patton Subd Lot 5

Date(s) 6/22/00 County Hampshire Permit #: 00-345 DW-14-[illegible]

Town: Augusta Area Name/Location Martinsburg Road

Well Owner: Mike Carlin Address: P. O. Box 267-04

Telephone Number: 496-9929 Augusta, WV 26704

Well Driller: Jeffrey G. Miller Address: P. O. Box 412

Telephone Number: 496-9972 Shanks, WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-2	Lt. Red Clay
2-4	Lt. Brown Dirt
4-14	Lt. Red Clay
14-18	Lt. Brown Shale
18-37	Lt Blue Shale
37-92	Lt. Blue Sandstone
92-100	Red Sandstone

REMARKS:

Type of Well: D/W Drilling Method: Air Percussion

Well Diameter: 6 1/4" Casing O.D.: 6 5/8"

Well Depth: 100 Date Completed: 6/22/00

CASING: Length 40 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☒ 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)	10		
Pumping Rate (GPM)	100		
Pumping Level (Ft Below Grade)	98		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

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 Pressure Grouting

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 G. Miller 255
Name Certification No.

Miller Bros. Drilling
Registered Business Name

Signed Jeffrey G. Miller 6/26/00
Date

SS ~~17-7/96~~

INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-14-00-098

Tax Map: _____ Parcel #: _____

County Road: _____

County: HAMPSHIRE

Name of Owner: Mae Curtis Installer: R. DAVIS

Address: P.O. Box 94 Augusta, WV 26704

Property Location: Shanklin Rd Left at crossroads 3.2 miles on left

Type of Facility: House Facility is: New ( ) Existing ( ) Lot Size: 5.03 ~~Sq. Ft./~~Acres

Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Jolco

Distances (in feet) of Tank to: Dwelling: 34 Private (X)/Public ( ) Water Source: 520' Property Line: 50' to be

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X), Diameter: 10 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: 100, 100, 100, _____, _____, _____, _____

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

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

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 65' Private (X)/Public ( ) Water Source: 100' Property Line: 570' to be

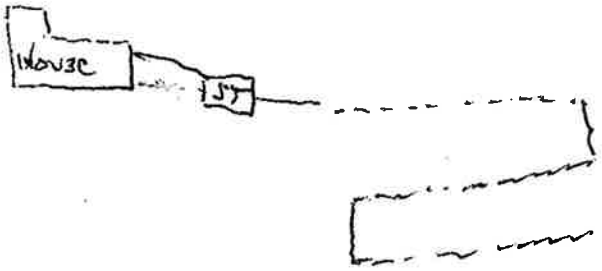
Remarks: _____

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 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:



11-4-99 No Well

Not to SCALE

Visit Date(s): 9-13-99

Final Inspection Date: 11-4-99

Sanitarian: J. Kuntz R.S.