

Hampshire
 DEC 29 2006
 Co Health

WELL COMPLETION REPORT

Date(s) 11-8-06 County HAMPSHIRE Permit #: DW-14-07-051
 Town: SPRINGFIELD Area Name/Location GRACE'S CABIN RD.- FIRE TOWER
 Well Owner: CHARLES + JOANNE SNEAD Address: 976 WOODLAND CIRCLE
 Telephone Number: 410-757-7146 ANNAPOLIS, MD 21409
 Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
 Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-20	yellow shale	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.H.</u>
21-235	Hard Gray shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 9/8"</u>
236-	Water	Well Depth: <u>600</u> Date Completed: <u>11-8-06</u>
237-600	Hard Gray shale	CASING: Length <u>40</u> Feet Height above ground _____ Feet
		<input checked="" type="checkbox"/> Steel <input 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)	<u>25</u>		
Pumping Rate (<u>GPM</u>)	<u>45 GAL/HR</u>		
Pumping Level (Ft. Below Grade)	<u>600</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>24 EST</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.

B. MARK SMITH 001
 Name Certification No.
B.W. SMITH WELL DRILLING
 Registered Business Name
 Signed _____ Date 11-8-06

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-08-08A**

Name of Owner: Charles & Joanne Snead Installer: David Adams
 Address: 976 Woodland Circle, Annapolis, Md 21409
 Property Location: John Barton Lot Size: 30.01AC Acres
 Type of Facility: Residence Facility is: New Existing
 Design Loading in gpd/# Bedrooms: 4 Source of Water: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: **1000** Material: precast concrete Manufacturer:
 Pump Chamber gal
 Distances (in feet) of Tank to: Dwelling **105'**
 Private Public Water Source: **> 100'** Property Line: **> 100'**

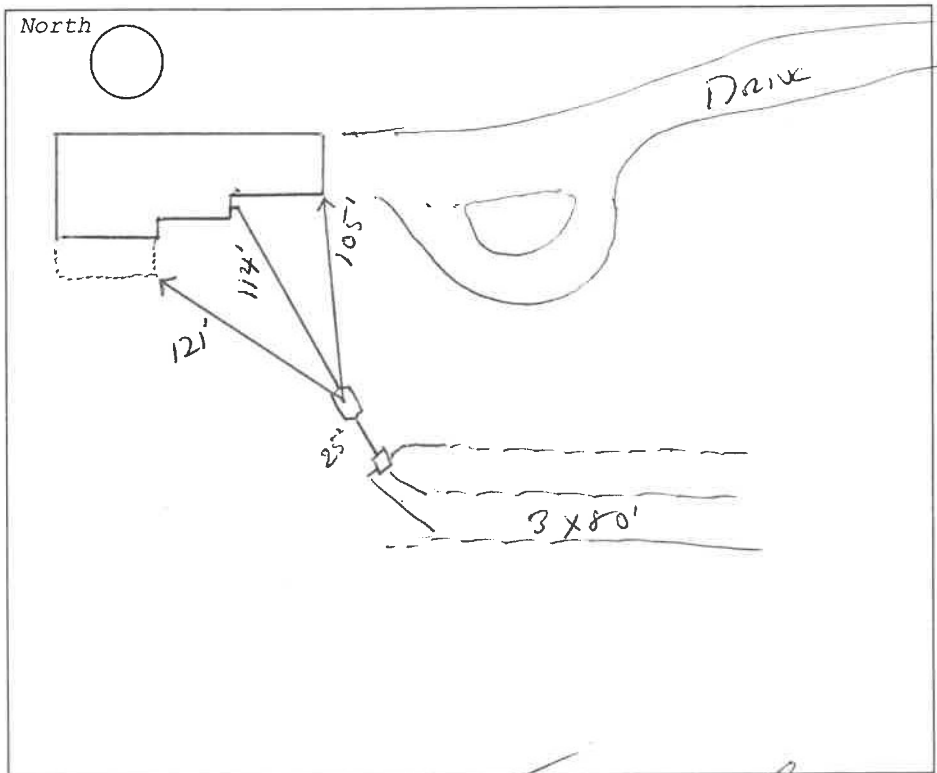
ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter In.
 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'**
 Width of Trenches: **36** inches/foot Depth to Bottom of Field: **12** inches
 If Bed, Dimensions (in feet): If Chamber System, Name: , No. of Units:
 Approved and Adequate Materials Used? Yes () No () Size Equates to **1200** sq ft of SGF
 Distance (in feet) of System to: Dwelling **130'** Private () Public ()
 Water Source: **> 100'** Property Line: **> 100'**

Remarks: ⊗ well
 GPS: N39 25 46.9 W78 47 3.1

An inspection indicates that
 The sewage disposal system
 Described above
DOES MEET
DOES NOT MEET or
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):

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

Rev: 8-15-06

SW258
10/01

WELL COMPLETION REPORT

Date(s) 7-24-06 County HAMPSHIRE Permit #: DW-14-06-349
 Town: SPRINGFIELD Area Name/Location GRACES CABIN RD.
 Well Owner: CHARLES + JOANNE SNEAD Address: 976 WOODLAND CIRCLE
 Telephone Number: 410-757-7146 ANNAPOLIS, MD 21409
 Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440
 Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-2	TOP SOIL	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.H.</u>
2-30	CLAY / SOFT YELLOW SHALE	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
30-42	BROWN SHALE	Well Depth: <u>900'</u> Date Completed: <u>7-24-06</u>
42-900	HARD GRAY SHALE	CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input 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)	<u>—</u>		
Pumping Rate (GPM)	<u>APPROX 50 GAL/DAY</u>		
Pumping Level (Ft. Below Grade)	<u>900</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>—</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.

B. MARK SMITH 001
 Name Certification No.
B.W. SMITH WELL DRILLING
 Registered Business Name
 Signed _____ Date 7-24-06

TAXING DISTRICT

LEGAL DESCRIPTION

ROMNEY

At Mineral County line

MAP NO.	PARCEL NO.	LOT SIZE	ACREAGE	OWNER'S NAME	ADDRESS	DATE ACQUIRED	DEED BOOK	PAGE NO.	INDICATED SALE PRICE
33	2.3								
1				SNEAD CHARLES S & JOANNE S		11/10/93	348	285	28,500.
2						9/9/98	386	376	
3									
4									
5									
6									
7									
8									
9									
10									

~~90.01 ACRES~~
49.94 AC