SW258

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

WELL COMPLETION REPORT

Date(s): August 7, 2003 County: Hampshire Permit #: DW-14-03-212

Town: Mardensville Area Name/Location: River Ridge Lot # 11

Well Owner: Altoona Investors, Inc. Address: 4338 Forest Lane NW
Washington, DC 20007

Telephone Number: 202-364-5100

Well Driller: Miller Bros. Drilling Address: P. O. Box 952
Romney, WV 26757

Telephone Number: 304-822-4092

WELL LOG

DEPTH IN FEET	FORMATIONS KIND, THICKNESS, AND IF WATER BEARING
0 - 3	loose boulders & sand
3 - 15	Lt. brown sand
15 - 27	Lt. bluish sand - hard
27 - 37	Lt. brown sandst. - semihard
37 - 50	Lt. blue ss, chunky - hard
50 - 66	Good blue oriskany ss, hard
66	6" roller bit, bad formation
66 - 160	brown sandstone, mostly sand
160 - 240	Whitish-blue sand & some stone
240 - 250	couple soft spots
250 - 338	good whitish ble ss, mostly sand
338 - 350	turning darker brown ss, more rock

REMARKS: 4" and 6 5/8" steel drivesheos

Type of Well: DW Drilling Method: Air Rotary Hammer

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

Well Depth: 350' Date Completed: August 7, 2003

CASING: Length 20 Feet 6" Height above ground 1 Feet
273' 4"

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type _____

SCREEN

☐ None Installed

Type _____ Diameter 4"

Slot/Gauge _____ Length 63'

Set Between 287 Ft. and 350 Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	220		
Pumping Rate (GPM)	30		
Pumping Level (Ft Below Grade)	348		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	2		

WELL HEAD

Pitless Adapter: Type, Make, Etc Royer - Conduit type

Well Cap: Type, Make, Etc.

Well Seal: Type, Make, Etc.

Well Platform:

Length _____ Width _____ Thickness _____

Grouting: ☒ Yes ☐ No pressure
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.

Christopher O. Wolford
Signed

Miller Bros. Drilling
Registered Business Name

Certification No.

August 7, 2003
Date

SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

County: HAMPSHIRE

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

Permit No.: ST-14-03-234
Tax Map: 14 Parcel #: 0011
County Road: _____

Name of Owner: ALTOONA JAMES TOMS Installer: BILLY HART
Address: 4338 FOREST LN NW, WASHINGTON DC 20007
Property Location: RIVER RIDGE SEC 2 LOT 11
Type of Facility: RESIDENCE Facility is: New (X) Existing ( ) Lot Size: 25 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 2BR Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: JOLIN
Distance (in feet) of Tank to: Dwelling: 19' Private (X)/Public ( ) Water Source: 100' Property Line: ≈200

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: _____ Inches
Chamber Soil Absorption Trenches (X) or Bed ( )
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

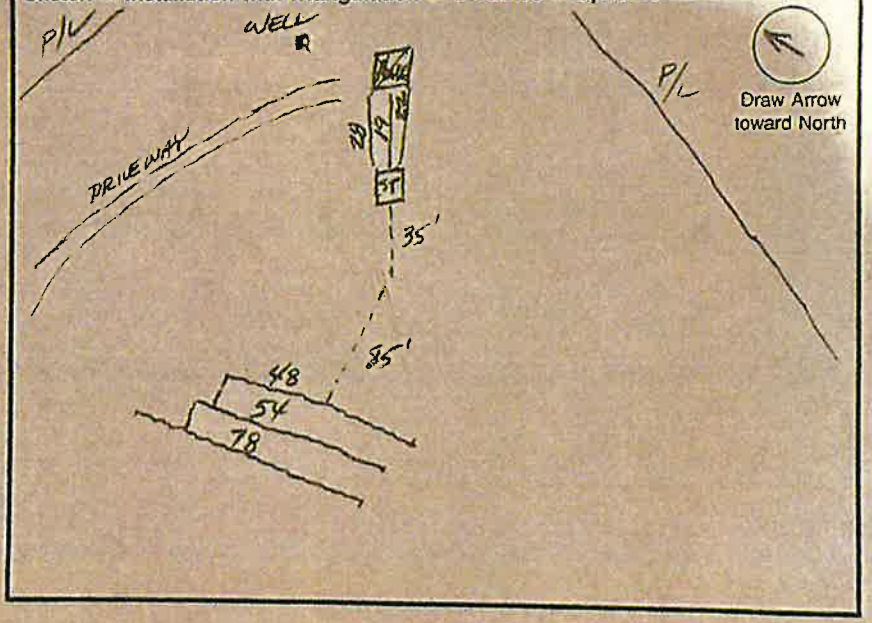
No of Lines: 3 Length (in feet) of Each: 48, 54, 78
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24/36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INFILTRATOR, No. of Units: 33
Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: 150' Private (X)/Public ( ) Water Source: 200' Property Line: ≈200
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:



Visit Date(s) _____
Inspection Date: 8/12/03 Sanitarian: [signature]