

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

Hampshire

SW258

OCT 26 2004

Co. Health

WELL COMPLETION REPORT

Date(s) 8-20-2004 County Hampshire Permit #: DW-14-05-012
 Town: Romney Area Name/Location Fox's Hollow Rd, Foxwood Estates
 Well Owner: Flanagan Address: 9266 Boley Place Lot 8
 Telephone Number: 703-753-7390 Nokesville, VA 20181
 Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
 Telephone Number: 822-4786 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0- 2	Yellow Shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
2- 40	Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
40- 420	Gray shale	Well Depth: <u>420</u> Date Completed: <u>8-23-2004</u>
		CASING: Length <u>50</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 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>80</u>		
Pumping Rate (GPM)	<u>3</u>		
Pumping Level (Ft Below Grade)	<u>418</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>9</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.

H²O = 90' 1/2 GPM
 108' 1 1/2 GPM
 370' 1 GPM

Chris Wolford 574
 Name B.W. Smith Well Drilling Certification No.
 Registered Business Name Chris Wolford
 Signed _____ Date 8-21-2004

INSPECTION TO BE PRINTED OR TYPED

Daneshia HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Permit No.: ST-14-05-168
Tax Map: 28/29 Parcel #: 1:22 per
County Road: _____

County: Daneshia

Name of Owner: MELBOURNE PROPERTIES Installer: GRAY CARPENTER

Address: P.O. Box 567 CARR BRIDGE WV 26711

Property Location: FOXWOOD ESTATES LOT #8

Type of Facility: RESIDENCE Facility is: New Existing () Lot Size: 21 Sq. Ft./Acres

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

Capacity in Gallons: 1000 PUMP **SEWAGE TANK COMPONENT** Material: CONCRETE Manufacturer: _____

Distance (in feet) of Tank to: Dwelling: 65 Private Public () Water Source: 200 Property Line: 300+

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: 6 Length (in feet) of Each: 70 . 70 . 70 . 70 . 70 . 70

Width of Trenches: 12 inches/feet 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: _____ Square Feet of Standard Gravel Field.

Distance (in feet) of System to: Dwelling: 200' Private Public () Water Source: 250 Property Line: 300+

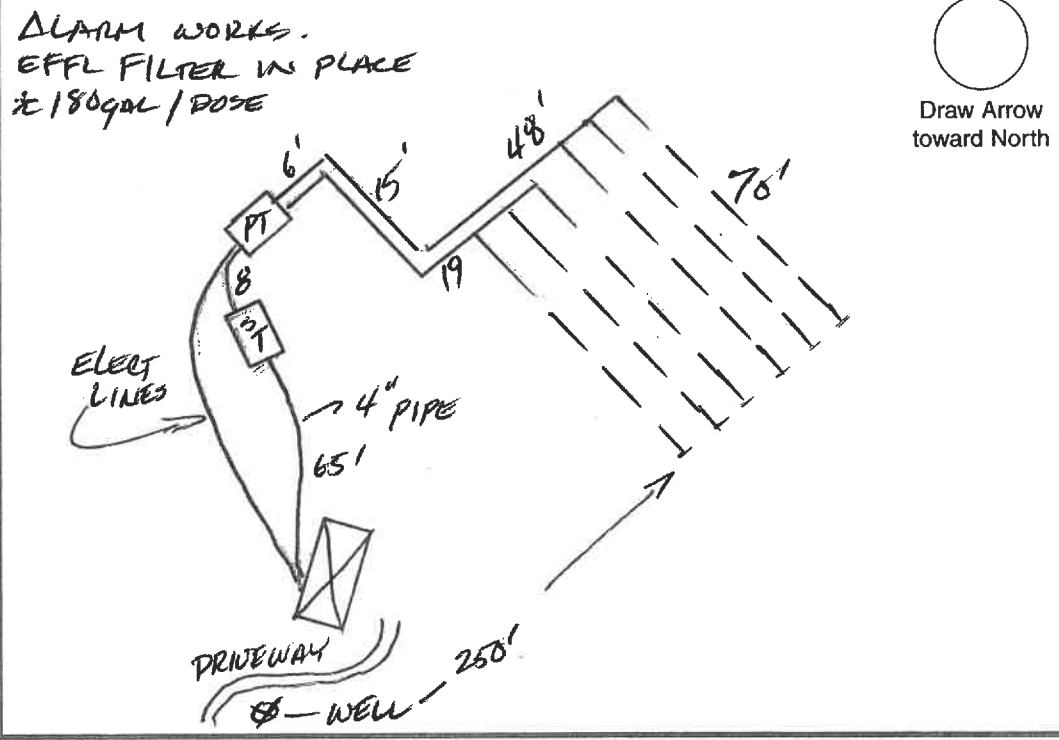
Remarks: _____

An inspection indicates that the sewage disposal system described above **DOES MEET** , **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) 11-17-04

Final Inspection Date: 12-6-04

Sanitarian: [Signature]