

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

SW258  
10/01

*Rec  
5-10-06*

WELL COMPLETION REPORT

Date(s) 5-1-06 County Hampshire Permit #: DW1406298  
 Town: Augusta Area Name/Location Quivey's Grove Lot 7  
 Well Owner: Paul & Flora Beaudet Address: 11803 N Marlton Avenue  
 Telephone Number: (301)627-4457 Upper Marlboro MD 20772-4955  
 Well Driller: Miller Brothers Drilling LLC Address: PO Box 952  
 Telephone Number: (304)822-4092 Romney WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-38	Brown shale	Type of Well: <u>Drilled</u> Drilling Method: <u>Air rotary</u>
38-220	Blue shale & Sandstone	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>7"</u>
		Well Depth: <u>220'</u> Date Completed: <u>5-1-06</u>
		CASING: Length <u>60</u> Feet Height above ground <u>1.5</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)	40		
Pumping Rate (GPM)	200+		
Pumping Level (Ft. Below Grade)	218		
Duration of Test (In Hours)	2		
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.

Bobby Allred 602  
 Name Certification No.  
Miller Brothers Drilling LLC 5-1-06  
 Registered Business Name  
Bobby Allred  
 Signed Date

STATE OF WEST VIRGINIA

INSPECTION TO BE PRINTED OR TYPED

Hampshire HEALTH DEPARTMENT ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-14-06-372 Tax Map: 8 Parcel #: 0189 County Road:

Name of Owner: PAUL R & FLORA A BEAUDET Installer: HIGHLAND EXE LLC Address: 11803 N. MALLON AVE LIPPER MARLBORO, MD 20772 Property Location: Little Cacapon Rd to QUINCY'S GROVE LOT #7 Type of Facility: Residence Facility is: New (X) Existing ( ) Lot Size: 20.1 Sq. Ft./Acres Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: well TO BE

SEWAGE TANK COMPONENT

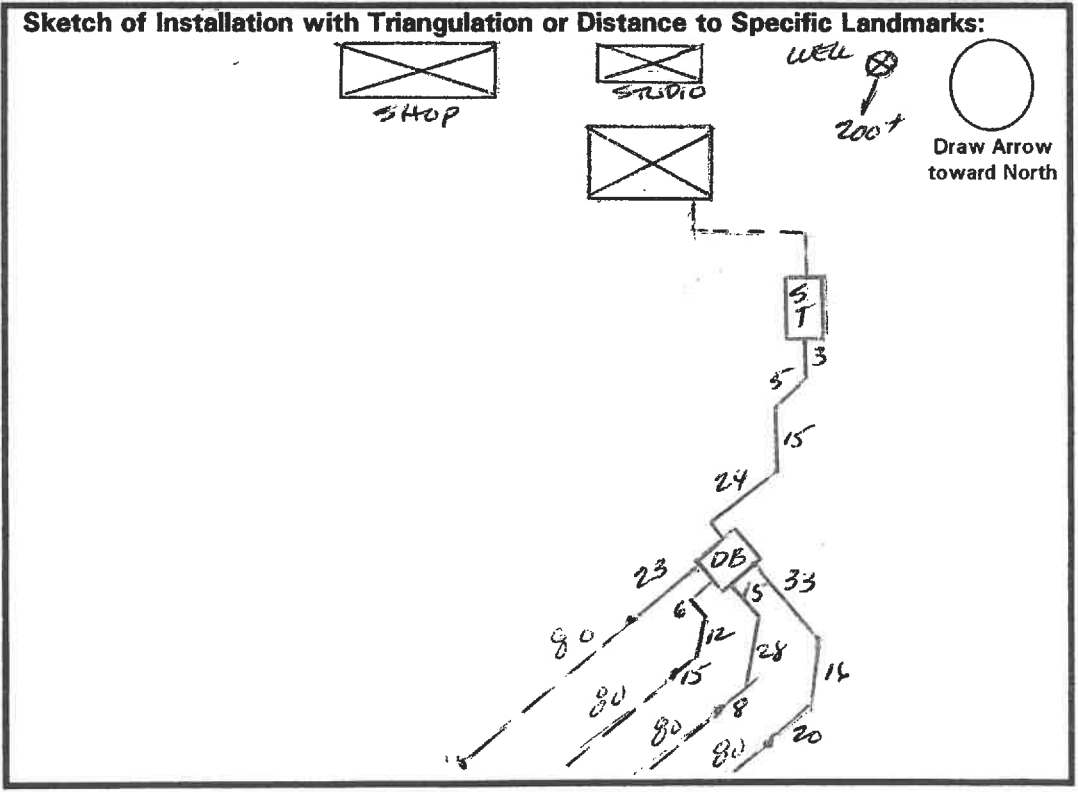
Capacity in Gallons: 1000 Material: concrete Manufacturer: Distances (in feet) of Tank to: Dwelling: 30+ Private (X)/Public ( ) Water Source: 175 Property Line: 250+

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: 4 Length (in feet) of Each: 80, 80, 80, 80 Width of Trenches: 3 inches/feet Depth to Bottom of Field: 24 inches If Bed, Dimensions (in Feet): If Chamber System, Name: No. of Units: Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to 1600 Square Feet of Standard Gravel Field. Distances (in feet) of System to: Dwelling: 75+ Private ( )/Public ( ) Water Source: 200+ Property Line: 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.



Visit Date(s): 3-6-06 Final Inspection Date: 4-17-06

Sanitarian: [Signature]