

M. Mineral County HEALTH DEPARTMENT  
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY  
OR ABANDON A WATER WELL

PLEASE PRINT:

Property Owner: Kenneth D Chase Jr. Certified Driller: B.W. SMITH Well Drilling  
Address: P.O. Box 29 Fort Ashby Address: 1486 Box 2A Springsfield  
W.V. 26719 WV 26763 Phone: 822-4786  
Phone: (home) (304) 298-4581 (business) (304) 298-3602 Driller Certification No.: 001 WV Contractor's No.: 910223  
Directions to property: From Fort Ashby West on 46 To Georges Run Road 0.7 mile  
Left hand side gravel Lane appx. 500' Left hand side

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

Residence, No. of bedrooms: 3 No. of individuals served: 5

New

Other \_\_\_\_\_

Existing

Property deed recorded in Book No.: 183 Page(s): 676 Date the property deed was recorded: July 20 1999

Subdivision name: N/A Lot #: \_\_\_\_\_ Section #: \_\_\_\_\_

County tax map: N/A Parcel No.: N/A Size of Lot: 15.94 Square feet/acres

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

Kenneth D Chase Jr.  
(Signature of the owner or authorized agent)

Water well will be  constructed  modified and will be used for  potable water  water exploration  abandoned or other purposes: \_\_\_\_\_

Type of Casing: Steel 6 5/8 O.D.

Type and Method of Grouting: BENTONITE

If abandoning well, Abandonment Method: \_\_\_\_\_

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments \_\_\_\_\_ Sewers & Drains (non-watertight) \_\_\_\_\_ Privies (vault) \_\_\_\_\_  
Sewage Absorption Fields 100+ Sewers & Drains (hydrostat. tested) \_\_\_\_\_ Sewage Holding Tank \_\_\_\_\_  
Septic Tank 50+ Barnyard/Feeding/Watering Area \_\_\_\_\_  
Other: \_\_\_\_\_

Distance to Property Line: \_\_\_\_\_

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Driller: [Signature]

Date: 11-1-99

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

**WELL COMPLETION REPORT**

Date(s) 11/2/99 County Mineral Permit #: DW-029-00-065  
 Town: \_\_\_\_\_ Area Name/Location \_\_\_\_\_  
 Well Owner: Kenneth D. Chase Jr. Address: P.O. Box 29  
298-4581 FT. Ashby WV 26719  
 Telephone Number: \_\_\_\_\_  
 Well Driller: Kenneth D. Chase Jr. Address: HL 86 Box 2-A  
B. Mark Smith Springfield WV 26763  
 Telephone Number: 822-4786

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-15	Clay, Soft yellow shale	Type of Well: <u>home</u> Drilling Method: <u>Air-Hammer</u> Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u> Well Depth: <u>200</u> Date Completed: <u>11/2/99</u> <b>CASING:</b> Length <u>35</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 _____  <b>SCREEN</b> <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.
16-25	brown shale	
26-77	hard gray shale	
78	Water	
79-159	hard gray shale	
160	Water	
161-200	hard gray shale	
	<u>720 Gph</u>	

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>35</u>		
Pumping Rate (GPM)	<u>12</u>		
Pumping Level (Ft Below Grade)	<u>160</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
 Well Cap: Type, Make, Etc. Standard  
 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 \_\_\_\_\_  
B. Mark Smith 11/2/99  
 Signed \_\_\_\_\_ Date \_\_\_\_\_